The
CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME FORTY-ONE NUMBER NINE

SEPTEMBER 1945

Nova Scotia Poses Some Questions

Recent issues of the *Journal* have carried accounts of the pressing need for university post-graduate courses for nurses, places where these courses may be taken, and probable opportunities for nurses so qualified. The need for highly qualified personnel is as great in this province as in any other part of Canada but the facilities for securing the training are sadly lacking. Our nurses must travel hundreds of miles to reach a university providing post-graduate opportunities and, more sadly still, many of them avail themselves of positions in other parts of Canada when the course is completed. What can we Nova Scotians do about this situation?

Immediately following the first world war, the story was very different. A course in public health nursing was inaugurated at Dalhousie University in 1919, the first such course in Canada. But what happened? Due to a variety of causes, though the course continued for four years, the group of registrants became smaller each year. The University was prepared to sponsor the course into its fifth year if twelve applicants were available but alas! there were too few and the course was withdrawn. That was twenty years ago and in all of that time it has not been revitalized. Why? With the great advances which have been made in preventive medicine and the ever-increasing demands for qualified public health nurses, is it not time the nurses of Nova Scotia began to think and plan for a reopening of this course at our own University?

Furthermore, have we in our province the opportunities for refresher courses and for keeping abreast of new developments in our work? Have we the necessary centre where institutes could be arranged? Are our educational requirements for entrance to schools of nursing of sufficiently high standard to permit any and every one of the students to qualify to enter the University? Is the course of instruction in our schools of

nursing of a uniform quality? What about our affiliations? Are they so planned that our students may benefit to the fullest extent? Have we the affiliations necessary for a full basic course? It has been stated that "The whole field of psychiatry has taken on a new meaning in recent years". Is this true of this field in Nova Scotia? What are we doing to help to meet the nursing needs of our mental and tuberculous hospitals, a need that is now greater than ever?

Let us consider our resources. We have ambitious students. In Halifax we have Dalhousie University, two modern, growing general hospitals, a communicable disease hospital, Children's Hospital, Maternity Hospital, Dalhousie Clinics, the provincial Pathological and Laboratory Departments, the Victorian Order of Nurses, the provincial and city Public Health Departments. Just across the harbour in Dartmouth are situated the Mental Hospital and the Polio Clinics. We have the tools, we have the students — have we the drive and enthusiasm necessary to put these together?

Yet another question — are we going to accept the challenge these questions present *and* enter the doors of opportunity?

RHODA F. MACDONALD
President
Registered Nurses
Association of Nova Scotia.

Stop Press!!!

All Nurses! Please Note!

An important bulletin from National Office, C.N.A. has been sent out to all of the provincial associations regarding the urgent need for the nurses of the Netherlands for assistance and how the nurses of Canada can help. Get in touch with your provincial Registered Nurses office for information, to find out what is needed and how you can assist. Watch for a fuller story on this whole matter in the October issue of the *Journal*.

—M.E.K.

Beware of Fraudulent Agents!

Every once in a while letters are received from nurses who inform us they have not yet received copies of the *Journal* for which they paid "a man" the regular subscription price. Usually two or three months have elapsed since the transaction took place which makes it impossible to trace the miscreant who has duped the purchaser. Despite periodic warnings through these pages, many nurses still are not aware of the fact the *Journal* EMPLOYS NO PAID AGENTS, that the local nurses' association has a *Canadian Nurse* convener who is delegated by the organization to collect subscriptions and who always forwards them promptly. Do NOT pay any subscriptions to itinerant agents. Do NOT accept any receipt other than the official receipt of *The Canadian Nurse*. DO subscribe to the *Journal* either directly or through the local conveners.

Plastic Surgery

ROBERT G. LANGSTON, M.D.

Plastic surgery is now considered a separate and distinct branch of general surgery. It has gained this recognition only after a long but steady march of progress during the past thirty years. It was during the first world war that a young British surgeon became interested in the terribly mutilating gun-shot injuries of the face. Other surgeons, frequently too busy but usually with the feeling that little could be done, were only too pleased to be rid of this type of case. Thus it was only a short time before this surgeon had a hospital of his own at Sidcup in England and had associated himself with men that are today outstanding in the field of plastic surgery in Britain, the United States, and Canada. During this time, he devoted himself to the care of the facial wounded and, since then, he has pioneered, persevered and perfected the science of plastic surgery. When the second world war broke out, this man, now Sir Harold Gillies, was the recognized doyen of plastic surgery of the English-speaking world.

Plastic surgery concerns itself, mainly, with surgery to the face, the skin and the hands. There is a common belief that it is primarily cosmetic reconstruction. This is not correct because the majority of work coming under this heading has little to do with what is popularly known as cosmetic surgery. This is especially so in wartime.

With the foregoing preamble, it is the aim of this article to describe briefly some of the procedures, and to point out some of the special nursing problems and techniques that are inherent in this branch of surgery. Just as other branches have developed special ways of doing things, so has the plastic surgeon, usually by the process of trial and error, found particular methods that give good results. One also has to remember that the final appearance is important. Thus small details often assume importance both during and after operation. A few stitches incorrectly placed or allowed to remain too long may spoil an otherwise excellent piece of work.

In all cases, where healing takes place following an injury or operation to the animate body, there is one problem that must be met sooner or later—and that is covering the wound or opening by a permanent dressing. Now, it is rather significant that there is only one covering that is entirely satisfactory. That is normal skin. No other dressing will suffice permanently. Nature provides this ideal dressing for covering the body, and there is ample sufficiency for most emergencies. Should there be a large skin loss, as in an extensive burn, as a second best, nature slowly and grudgingly supplies scar tissue. But the price is high — contracture, loss of mobility and unsightliness. So far man has not been able to devise any artificial permanent dressing or covering.

There are several ways that skin can be transferred, by surgical means, to cover a deficiency. (It must be realized at the outset, that so far it has not been found possible to transfer skin from one person to another and make it grow permanently. Each person must provide his or her own skin). One way, and that most widely used, is *Free Grafting*. To do this the surgeon shaves off a layer of skin, not the full thickness, from the donor site with a special knife or dermatome. This graft is then transferred to the denuded place that needs covering. Here it is fixed so that it will not slide and held by an even pressure dressing. After the operation it must not be disturbed for four to eight days during which time it attaches itself to the under-

lying tissues and starts to grow. The new skin must be protected for some weeks during which period it is kept soft by gentle massage with lanoline. The donor area is dressed with an anesthetic ointment at the time of the operation and left ten days, by which time it should be healed.

In the case of large areas, as in burns, until recent years it was almost impossible to cover the entire defect. As a result, contractures occurred, limiting movement of arms, legs and of head. In some cases the patient became a cripple. Then to add to this state of affairs, in the early years of the war, the treatment of burns so advanced that patients with up to 60 per cent of their body surface affected were being saved. Previously, a 30 per cent burned person almost always died. Obviously, something had to be done, or these men — and there are a large number of them in wartime — would only be saved from death to become helpless cripples. After much trial and consultation it was found that grafting could be done much more extensively and sooner after the burn than was ever thought possible. Now, with modified techniques and instruments, it is quite feasible to remove 200 square inches of skin at a single operation and use it for grafting. This process can be repeated at monthly intervals using a different donor site at alternate sittings.

Another way to cover small defects that happen to be adjacent to an area that has an excess of skin, is by *direct local shifts*. By making certain incisions and undermining parts of the skin, it is possible to so arrange and stitch that the defect can be covered. The excess is thereby used to good advantage where it is needed. Examples of this type of shift are Z plastic, VY plastic and rotation flaps. There is no post-operative nursing problem, aside from maintaining dressings undisturbed.

A third way of transferring skin is by *pedicle graft*, either directly or indirectly. The direct method can be used when the defect is on a mobile part of the body, such as a hand, arm, foot or leg. As an example suppose a finger has been denuded of skin. A flap of abdominal skin is raised so that the blood supply to the flap is maintained through its base. The free end is then sutured to the edge of the finger defect and the hand strapped in position on the abdomen. After two to three weeks it has acquired a new blood supply from the finger, so that the base of the flap may be severed. By the indirect method, a piece of skin is selected, usually on the abdomen. An incision is made along the opposite sides of the flap of skin undermined. It is then stitched in such a way to make it form a tube of skin attached at either end. This is allowed to remain about three weeks, at which time one end is cut loose and sewn into an incision in the wrist, so that it grows there. Another three weeks pass when it is ready to detach the other end from the abdomen. The wrist now supplies the graft with its blood supply, so that it may be carried to any part of the body to which the wrist can go, and remain in a comfortable position. It is sewn into the defect and there it remains with the wrist held by adhesive strapping for the third three-week period. Finally, the wrist connection is severed and the last end sutured into the defect.

This last method is very useful, especially when a graft is needed below the knee or over a bony prominence, in which position free grafting does not do well. The process sounds complicated and the nursing problems can be just as troublesome. Dressings are difficult until one has had experience in changing them. They require frequent inspection, to ascertain the condition of the skin with regard to blood supply. A close watch must be kept of the colour for the first twenty-four hours. Another problem is maintaining the awkward position for a prolonged period of time. This must be managed so that there is

no tension on the tube attachment. The involved joints become cramped and require massage and heat for the first few days to relieve the muscular spasm. It is the first few days, after each operation, that is so trying to both nurse and patient. Even with all of these disadvantages, the method is often used and it is becoming more popular. This is because the excellent final results in covering an area with pliable skin that cannot be covered by other methods.

A further word here about dressings in all cases. Infection of suture lines, of grafts and of flaps does a great deal of damage and can nullify weeks or even months of work and suffering. This type of case often requires frequent dressings or inspection of flaps. It is during these dressing changes that post-operative infection can, and does occur. A more or less general set of rules have been evolved to minimize the chance of infection. Dressings are not taken down or changed during or immediately following the sweeping of floors, the changes of blankets or the making of beds, or other disturbance in the room. All attendants and the patient himself should wear masks covering the nose and mouth when the wound is exposed. No patient who has any exhibition of infection should be in the same ward or cubicle. Doctors and nurses who have any respiratory infection should not be in attendance.

Another branch of plastic surgery is that of the face. This includes fractures of the bones of the face and of the jaws. It assumes major importance in war surgery. Until recently, this type of wound was most unwelcome. A gunshot or an automobile wound of the face, with part of the upper or lower jaw involved, becomes infected almost immediately. Within twelve hours, untreated, it is a stinking, swollen mass. Often some parts of the lip are torn and missing as well so that the patient loses control of the saliva. This pours out continually and he is wet all the time. If the lower jaw is gone, the support to the tongue is lost and it hangs over the neck, becoming dry and swollen. The patient suffers acutely from general discomfort, thirst, and later from hunger.

Thanks to a combination of recent developments, it is now possible to operate immediately. Anesthesia plays an important part. A routine of induction by sodium pentothal, bronchial suction, endotracheal maintenance using cyclopropane and oxygen, usually improves the condition of the patient greatly. After the operation he will wake up without vomiting and have a clear chest. As for the operation, repair is done first to the bony support, then to the mucous membrane lining of the mouth and tongue, and finally to the soft parts. If there is loss of skin, it is made good by grafting or by flaps. Broken bones are held by wiring, by pins or by dental splints. This closure of a dirty wound of the face has been made possible by the use of penicillin locally and intramuscularly, by the use of sulpha drugs, and by blood transfusions when indicated. After this is done the patient becomes quite comfortable, he is clean and dry, he can breathe without inhaling blood, and he can drink and eat. He still requires careful nursing. The mouth and face must be thoroughly cleaned, frequently and regularly. This is made easy and efficient by using a pressure atomizer and a weak hydrogen peroxide solution. Feeding is not such a problem if a bedside drinking cup has a short piece of rubber tube put on the spout. This can be introduced through any gap he may have in the teeth, back to the base of the tongue, and the patient soon learns to regulate the flow. Should the injury have involved the neck or have been a deep wound of the maxilla, with loss of the roof of the mouth, one must be constantly on guard for secondary hemorrhage for some weeks. The medical attendant should leave specific instructions as to procedure.

After the initial healing has taken place come the operations for reconstruction of the face. This secondary work can involve so many aspects of plastic surgery that volumes are written upon the different operations. It includes bone grafting, to replace a lost mandible, or a deformed nose or fill out a defect of the face or forehead due to loss of bone. A new concept of bone grafting that has been proven during the war years by a plastic surgeon in England, Mr. Rainsford Mowlem, is worthy of mention here. Instead of using the hard, cortical part of bone taken from the ileum, rib or tibia, as was the accepted way, he used only the soft cancellous core and packed it into place as small chips. The results were so much better than the old method that it is being used in other parts of the body, for bone grafting, by orthopedic surgeons. The results will be published in due time and it appears that the new method will make bone grafting a much safer and surer procedure. After the bony structure of the face is repaired, the soft tissue repair comes next. This may mean a new nose or part of one, new lips, eyelids or eye socket, or replacement of mucous membrane loss, as well as skin for any part of the face. Direct local shifts, pedicle grafts and free grafts are all used either alone or in combination. Finally, when everything that can be done by surgery is finished, it may be necessary to resort to artificial prostheses in the very badly disfigured. There is a promise, by the use of some of the forms of plastic resins, of making very lifelike noses or ears. These are light, of natural colour and consistency. When necessary, these can be worn by the patient to give him confidence when seen in public, unobtainable by other means.

The last part of our subject is surgery to the hands. An immense amount of work during the past few years has gone into this complex branch of surgery. The results have been excellent where skin loss only has been suffered. Using thick, even skin, cut by a machine, called a dermatome, good covering to the burned hands can be achieved. However, where the damage extends to the tendons, the nerves or the joints, the prospect is not as bright. A good deal of progress has been, and one hopes, will continue to be made, so that in the future tendon grafting and repairing will give a higher percentage of successes. The main obstacle is providing a smooth sheath into which the tendon can glide after it has been repaired. So far no method has been entirely satisfactory. This will have to be found before one can expect to get a high percentage of successes in restoring contracted, immobile fingers and wrists.

Plastic surgery has made great strides in the past thirty years. It is possible that it should be called Reparative Surgery, to overcome the popular conception that it is cosmetic surgery only. It is built around the need of covering defects by skin, instead of scar tissue, and of transferring other tissues of the body — bone, tendon, fascia, etc., to fill defects or provide a lost function. It has evolved special techniques, concepts and instruments, to achieve success where, previously, it may have failed. Asepsis is particularly necessary to get good results.

Preview

The existence of mentally retarded individuals has taken on a new meaning in the past few decades since they ceased to be objects of derision and began to receive training and such education as their limited ability would permit. Dr. H. D. L. Goodfellow has discussed this changing philosophy in his forthcoming article on the plan for training defectives in institutions.

A School Health Service

G. Lovell

School health service is one part of the total school health program of which the other aspects are generally stated as "health education" and "health environment". However, it is obvious that the three are so closely interwoven as to be almost indivisible. The entire program is participated in by all members of the school staff as well as by pupils and parents. The school health service is, however, usually regarded as that aspect of the health program which is primarily the responsibility of the "health specialists", that is, doctors and nurses, dentists and dental assistants, mental hygienists. The aims of the total health program may be taken to be: the development of pupils with sound physical and mental health, useful health knowledge and well-established health habits and attitudes, who will be able to conduct their lives with the greatest degree of satisfaction to themselves and usefulness to the community. The objectives of the school health service are: health education of individual pupils, teachers and parents; development of healthful habits and attitudes; maintenance of a healthful environment; discovery and correction of abnormalities — physical and mental; control of communicable conditions; care in accident and ill health.

In Toronto, the school health service is organized as part of a generalized public health program operated by the Department of Public Health. It includes service in all elementary and secondary schools supported by municipal taxation.

The district medical officers give medical service in the elementary public schools. They visit the homes of pupils of all schools for diagnosis of communicable disease. The elementary separate schools and the secondary schools are served by part-time physicians. The doctors visit their schools at regular intervals — weekly, bi-weekly or monthly. They act as consultants to the nurses and teachers in matters pertaining to the school health program. They examine pupils in the first and seventh grades in elementary schools and in the entering and leaving years in the secondary schools. In the interval between these examinations pupils are examined who have been designated as requiring observation and re-examination and pupils referred by parents and teachers because of some apparent need. There are many of these last so-called special physical examinations arising out of observation exercised by the teachers and encouraged by the nurses. Many special physical examinations are made in relation to placement in special classes for the physically handicapped — sight-saving, hard of hearing, open-air classes and classes for children with severe orthopedic defect. Parents are invited to be present at the examination of elementary school children. Their presence is helpful to the doctor and, of course, provides an opportunity for first-hand health education. Written notification of findings of the examination are given or sent to the parent who is advised, if there is any abnormality found, to consult a physician for further examination and treatment. A form is provided for reporting back as to the physician consulted and advice received.

Immunization against diphtheria and smallpox is carried out in the elementary school by a group of physicians and nurses who travel from school to school according to schedule, completing the work in one school before going on to the next. The Division of Quarantine notifies the school of exclusion and release of pupils quarantined as patients or contacts of pa-

tients having acute communicable disease.

Dental service comprises dental surveys annually in elementary schools, with dental clinics in thirty schools to treat school and pre-school children whose parents state that they are financially unable to secure private care. Dental service in secondary schools is limited to biennial survey. Notification of conditions found on survey are sent to parents.

The Division of Mental Hygiene of the Department of Public Health is under the direction of a psychiatrist and includes psychologists, a public health nurse supervisor, who acts as consultant to the members of the Nursing Division, a children's psychiatric worker interested in children presenting mental hygiene problems referred to her by the psychiatrist, two public health nurses who carry on psychiatric social work with girls attending the two senior auxiliary schools and a social worker concerned with girls who leave these schools. This Division is responsible for examination of retarded pupils and recommending pupils for "opportunity" classes for the mentally retarded and the senior auxiliary schools. They also examine and advise regarding pupils referred because of problems of behaviour or personality.

The public health nurses include health service in the schools in their generalized public health program. For administrative purposes, the city is divided into eight districts, each of these having a medical officer and superintendent of nurses and an average of fourteen staff nurses. Each staff nurse is responsible for the public health nursing service in her area with the exception of bedside nursing care which is given by the Visiting Nurse Organizations. During the school year the district staff nurses spend the greater part of the mornings in school where they commence their day at 8.30. They report in to their district offices at noon and with some exceptions do not return to schools until the following morning. Schools are visited daily, or two or three times weekly according to their size and needs. The nurse's duties in school include preparation for and assisting with physical examinations; making appointments at school dental clinics; testing of vision of pupils in kindergarten and Grade IV; giving first aid in the event of accidents or emergency illness; interviewing and inspecting pupils previously noted as requiring supervision; seeing pupils who are referred to her because of apparent health problems. A time is set aside at the beginning of each day when the nurse is in the health service room for this purpose. Teachers are encouraged to make a morning inspection of their pupils so that they may note promptly any who presents signs of communicable conditions. Also, they are encouraged to observe their pupils closely from day to day and to bring to the nurse's attention any who show deviations from their customary appearvery rapid inspection of all pupils in the ance or behaviour. The nurse makes a elementary school at the opening of the September term in an area where there has been any occurrence of pediculosis, or minor skin infections, or where any one of the acute communicable diseases has been prevalent. She makes similar inspections of classes as occasion arises throughout the year. She plans for more leisurely inspection of all pupils at least once during the school year, preferably during the autumn term. At the time of this inspection a conference is held with the classroom teacher when the nurse and teacher consult their records of all pupils, exchange pertinent information concerning them, and plan together with reference to the teacher's program of health education and supervision in the classroom, and the teaching that appears necessary, or action which should be taken with refernce to pupils' health habits or disabilities. Such class conferences with each teacher are

held twice during the school year and are invaluable if carefully planned and followed by appropriate action on the part of teacher and nurse. They do not, of course, obviate the necessity for conferences regarding individual pupils' problems or classroom health projects.

Conferences with parents in the school and visits to homes of pupils are an important part of the nurse's service. One of her chief functions is that of interpreter between the school, the home and other agencies. The nurse keeps a record of each pupil found to have a health condition requiring care or correction and takes steps necessary to bring about desirable action. Notification to the parent at the time of examination may be sufficient. It may be necessary for the nurse to clarify the matter further and to help the parent secure aid in order to overcome the disability. If the nurse in whose district the family lives is not the nurse in the school the child attends, they must be alert to keep each other informed. The school nurse gives all significant information from the school, and the district nurse passes on to the school nurse report of her visits in the home which have a direct bearing on the school child and, also, information which is sent her from the Hospital Health Service nurses of the Department who furnish information from the clinics and wards of the hospitals, from other Department sources, and from social workers.

The nurses visit the homes of pupils who are absent from school because of illness where there is reason to believe that the condition is one of acute communicable disease undiagnosed, or where it may be necessary to ensure that the pupil receives adequate medical, nursing and home care, extra-mural teaching or occupational therapy.

Auxiliary workers who are members of the Nursing Division assist the nurses in the control of pediculosis capitis. Four "matrons" work in the schools and homes where this condition is prevalent. They examine and treat pupils and demonstrate treatment to parents.

The details of service vary somewhat, necessarily, from school to school. Secondary school procedure differs from that followed in elementary schools. The nurse's function is, however, much the same throughout. She seeks to maintain and improve the health of pupils; she acts as liaison between the school, the Department of Public Health and the homes; and she uses every opportunity in schools and homes to teach health. Her primary function is that of education for wholesome living.

Citizenship and the Nurse

Arranged at the request of the Public Health Section of the Registered Nurses Association of Ontario, the School of Nursing of the University of Toronto announces a brief course on Citizenship and the Nurse from October 24 to 27 next. The enrolment fee is $7.50.

The content as outlined will be presented by those prepared to deal authoritatively with the many phases of a subject both timely and challenging. The course, as a whole, will focus attention upon the significance and responsibilities of citizenship in the present day Canadian community: emphasis will be given the relation of the nurse, both within the hospital and in the community at large, to current developments in community welfare. Within the general framework of the teaching, several periods will be devoted to the field of mental hygiene.

The general content of the course will be lectures on: (a) Citizenship and community welfare; (b) Citizenship and community health needs, including mental, social, and industrial health; (c) Certain factors which influence the attainment of community health: scientific research, housing and town planning, and health and social legislation; (d) Corporate effort for meeting the community's health needs: education, public welfare (health and social), and community machinery.

Why Girls Don't Go in Training

JEAN MASON

"The hours, study and amount of pay"—this answer, one of several answers of Canadian high school girls to the question, "What made you give up the idea (of nursing as a career)?", pretty well summarizes the reasons girls give for not choosing to enter the nursing profession. Let me correct at once, however, any impression this may give that the majority of girls are not interested in nursing. Of 566 girls completing questionnaires in a survey recently completed, 192 or 34 per cent plan to become nurses, more than plan to enter any other trade or profession.

The survey was made among girls in high school graduating classes, the purpose being to gather data on their interests, with particular regard to their interest in or feeling about nursing. Girls in various groups of schools across the country were presented with the questionnaire and instructed to fill in their spontaneous and voluntary answers. They were not required to sign their names, so it may be assumed that their answers were honest. A reading of the individual questionnaires definitely conveys an impression of sincerity.

Of approximately six hundred questionnaires distributed, 566 were returned, 391 from urban and 175 from rural communities. The percentage of rural population in Canada is greater than the returns show. Returns are most heavily weighted by the Maritime Provinces and British Columbia. The proportion of the population in Ontario and Quebec is also considerably greater than the proportion of questionnaires. The girls were asked what their plans were immediately upon leaving school, that is after summer vacation. Table 1 summarizes answers given.

The chief reason given by girls who named nursing as their first choice was the interest and appeal of the profession. Of the 566 girls answering, only fifteen did not know what they were going to do this Fall. Five hundred and fifty-one had a more or less definite idea of what they wanted to do after leaving high school. Table 2 summarizes reasons for choosing nursing or for choosing another career.

The various degrees of appeal of nursing are, from all data obtained, summarized as follows: 192 or 34 per cent

TABLE I

PLANS FOR FALL, 1945

	Maritimes	Quebec & Ontario	Prairies	British Columbia
NUMBER ANSWERING	218	104	117	127
Don't know	7	—	3	5
Nursing	84	18	42	15
University	40	48	20	37
Business course	18	4	13	19
Teaching	13	8	9	10
University, then nursing	4	4	3	9
Home economics	8	1	3	7
Direct into office	6	3	1	8
More school	4	1	10	2
12th year, then nursing	9	—	1	—
University, then teaching	4	3	1	1
University, then lab. technician	1	3	2	1
Selling	—	3	—	2
12th year, then home economics	4	—	—	—
Hairdresser	—	—	—	4
Miscellaneous (each named by less than 4 girls)	17	13	10	10

TABLE II

	Nursing	All other careers
TOTAL MENTIONS	166	298
Interest and appeal	103	178
Idealistic	34	7
Better prospects	15	66
Best suited	11	21
Inspires respect	1	—
Good future	1	—
Teaches more of life	1	—
Miscellaneous	—	36
No special reason	26	64

named nursing a first choice (either by itself or in combination with university training, etc.); 68 or 12 per cent named nursing as second choice; 125 or 22 per cent had considered nursing a career but had given it up; 157 or 28 per cent had never considered nursing as a career; (the remaining 4 per cent do not state whether they had ever considered nursing). The reasons given by the 22 per cent for having given up the idea of nursing and by the 28 per cent for never having seriously considered it — reasons why girls don't go in training — deserve careful study on the part of members of the nursing profession. These reasons are summarized in Table 3.

To obtain more information on the feeling regarding various aspects of nursing, eight phases of a nursing career — working hours, pay, student nurse life, recreational facilities, career opportunities, opportunities for marriage, effect on health and social standing — were listed, and girls were asked how

TABLE III

COMMENTS	Reasons for having given up idea	Reasons for never having considered it.
TOTAL ANSWERING	125	157
No appeal	—	92
Prefer other career	14	9
Too much work	13	9
Dislike idea	—	21
Poor health	15	2
Long hours	7	5
Not suited	1	10
Don't like illness	—	10
Low pay	3	6
May still consider it	9	—
Long training course	5	3
Too squeamish	—	5
Advised against it	4	1
Nurse surplus after war	3	1
Too expensive	—	4
No matriculation Latin	4	—
Dislike hospital	—	3
Rigid discipline	1	2
Too young	—	3
Poor future	2	—
Coarsening	2	—
No maths	2	—
No vacation	—	1
No sports	—	1
Irregular hours	—	1
Never considered it	—	1
Never considered seriously	1	—
Family obligations	1	—
Two nurses in family now	1	—

TABLE IV

	GOOD		FAIR		BAD		DON'T KNOW	
	Total	Per cent	Total	Per cent	Total	Per cent	Total	Per cent
Working hours	91	16	266	47	148	26	61	11
Pay	169	30	212	37	106	19	79	14
Student nurse life	202	36	206	36	51	9	107	19
Recreational facilities	144	25	209	37	56	10	157	28
Career opportunities	336	60	78	14	14	2	138	24
Opportunities for marriage	257	45	182	32	27	5	100	18
Effect on health	195	34	213	38	81	14	77	14
Social standing	388	69	92	16	7	1	79	14

they would rank each of these, whether they thought each of these phases of nursing good, fair or bad. Table 4 summarizes the answers given.

Table 4 also shows working hours and pay to be the aspects of nursing considered only fair or downright bad by the majority of girls. One girl emphasized her opinion on pay by the following marginal note: "Not only bad but very bad. How is anyone to live on ninety-three cents a month when in training?" The girl had apparently obtained this figure from her older sister who, as she had stated previously, had "gone through the hardship", and caused her to give up the idea of going into training. In answer to another question asking what information the girls would like on nursing, this girl asked, in capital letters, "WHY SO SMALL WAGES?", and, also, incidentally, "Why such strict rules on hours to be in at nights?"

Among other elaborations on the matter of pay were:

> Does not cover nurses' needs; not nearly enough for the hard work; bad for the amount of work; not enough to live on; have no money to have a good time on. Why is it that student nurses receive such small pay? If they have to buy hosiery, shoes, personal articles, and need money for recreation, you'd think they'd be allowed more than $3.00 a month.

On the other hand, there was the girl who stated that she had "higher ambitions" than nursing (that is, medicine or pharmacy) and who consequently thought a nurse's pay "good for that work"!

Less favourable than the feeling about nurse's pay is the feeling regarding work. The attitude toward this was revealed, not only in remarks on working hours, but also in remarks regarding effect of nursing on health, student nurse life, recreational facilities and opportunities for marriage:

> You have to be *very* healthy to go in for such a profession. Bad for your feet and legs. One has to be fairly strong to withstand the labour. In some hospitals the nurses have too much night duty. Mother was a nurse and she says it was too hard work. Is a nurse job as hard and tiresome as I have been told? Not enough of your own time. One is too tired to go in for recreation to any extent. They have not much time or money to mix socially. Too tired to enjoy yourself.

On the other hand, again, we have the girl who considers the hardships of nursing a social asset. She ranks the social standing of nurses "good" because "if they choose the nursing profession, they're brave"! And there's the girl who says of a nurse's working hours that they're "rather awkward but nothing to complain about in these times", a statement that some graduate nurses might do well to bear in mind.

Attitudes on the effect of nursing on the health are sharply divided between

those who feel that the effect is "good" because nurses "should know how to take care of themselves" and those who feel that the effect is "bad" because, as one girl puts it, "some of the things you communicate with are not suitable". Another girl carefully considers the matter and renders her verdict: "If you're in good health, I don't think nursing would necessarily ruin it".

There is less knowledge about recreational facilities than about any other aspect of a nurse's life. A general opinion is that nurses are too busy or too tired to avail themselves of recreational facilities. One girl says briefly : "Getting better — but —".

There is a division of opinion regarding student nurse life. Some rate it "good", largely because of the association with other girls with the same interests; others rank it only "fair" or "bad" because of the amount of work to be done and the rigid discipline, (although, surprisingly enough, several girls rate it "good" because of the discipline). Here are some sample opinions regarding student nurse life:

Not enough of your own time. Not enough friendliness among nurses for students. Watched too carefully. Nurses seem to get on together well. They are well disciplined. Bad (conversations with a nurse). Girls all seem happy.

Opportunities for marriage are generally considered good, although some girls feel that a nurse hasn't the time to find herself a husband (unless, of course, she can grab off a near-at-hand doctor or patient!). On the pro side are:

Nurses all marry well. There are internes (male) around. "Good" because "all nurses spend some time with babies and have experience with children". "Good" because "have medical experience". You have a good base for the home. You could marry doctors, which would be a credit. "Good" because "most people admire nurses". Patients and doctors around.

And on the con side:

Too busy. You usually give yourself completely to this type of a career. Most nurses that are married seem to be middle-aged. Too tired to enjoy yourself.

This girl probably has the right answer: "Same as other professions — depends on self". And this lassie, we hope, will never have a rude awakening: "Opportunities for marriage — good — aren't they always?" Career opportunities and social standing are almost unanimously considered good.

Feeling about opportunities in nursing is summed up in statements like the following: "A nurse is always needed". "Always work for a nurse, especially after this war". "New fields of nursing developing".

In a survey recently made in the United States it was found that many did not find nursing "socially acceptable". It is heartening to note that there is little of this attitude in Canada. Most girls seem to feel that high social standing is the nurse's reward for hard work and sacrifice:

Others respect nurses who care for the sick. (Nursing) gives you self-assurance. Everyone feels proud to know a nurse. Invited to many socials. (Nurses) seem to go places where other people do not. (There might be some doubt about what this would do for their social standing, but the writer of the statement rated social standing "good").

There are a few girls who aren't so sure about a nurse's social standing though. One girl says, with a rather obvious sneer: "Anyone can go in for it". Some girls somewhat misconstrued the meaning of the question, making statements like this: "You can't be into social life out of the hospital".

One girl answered the question regarding social standing with the simple statement: "Nursing is a profession".

In breaking down attitudes toward various phases of nursing into provinces, we find the attitude toward working hours best in the Maritimes, worst in Ontario and Quebec: the attitude toward pay overwhelmingly best in the Maritimes, overwhelmingly worst in British Columbia; the attitude toward student nurse life and opportunities for marriage best in the Maritimes, worst in British Columbia; the attitude toward recreational facilities best in the Prairies, worst in Ontario and Quebec; the attitude toward career opportunities best in the Maritimes and British Columbia; the attitude toward effect on health best in the Maritimes, worst in Ontario, Quebec and British Columbia; the attitude toward social standing good throughout.

In considering attitudes of urban versus rural girls, we find that the attitude of rural girls is generally more favourable.

The big reason, as shown on a previous table, for girls not seriously considering a nursing career was "no appeal". The reasons why nursing has "no appeal" to these girls have been pretty well revealed in their attitude on the various phases of nursing as above discussed. Some miscellaneous statements give the sentiments of smaller groups:

> Can't stand hospitals. Can't stand the sight of blood. Not interested in sick people. Can't stand to see people vomit. Blood makes me sick. Work is too depressing.

The survey from which the above and much other information was obtained is, to the best of our knowledge, the first of its kind made in Canada. The 566 replies, spontaneous and unrehearsed, are as entertaining as any novel. But the survey was not made for entertainment purposes. It was made to help us in our efforts to attract the best of young Canadian womanhood to nursing. To show us, among other things, what these young women don't like about nursing. To enable us to examine their criticisms, *and, where necessary, endeavour to make improvements.* The survey is a beginning. It will prove valuable to the extent to which we make it valuable. Now we know. Let us act.

Recovery

Nursing Sister Ruby G. Hull, R. C. N.

A little over a year ago, due to the increasing amount of major surgery and a changing nursing and sick berth attendant staff, it was appreciated by anesthetist, surgeon and nursing sister alike that immediate post-operative care could be more efficiently carried out and a good many problems overcome by the institution of a special department known as the post-anesthetic Recovery Room.

A suitable location, a large five-bed cabin, on the same floor as the operating room was chosen. This room was furnished with resuscitator, oxygen tank, suction apparatus, bed-side tables, electric fan, intravenous standards and two cabinets — one for sterile supplies, plasma, intravenous equipment and solutions, the other with hypodermic tray, mouth and rectal thermometers, stimulants, sedatives, mouth gags, tongue

forceps, airway, stethoscope and blood pressure cuff, etc.

The head of the department is our chief anesthetist, Surgeon Lieut. Cmdr. Stoddard, R.C.N.V.R., and two nursing sisters comprise the staff. Our day begins with a check-up on the previous day's patients who have had spinal, inhalation, and intravenous anesthetics. This is of great importance to the anesthetist, for if headaches have occurred or the patient shows signs of upper respiratory infection, elevated temperature or respiratory difficulties, he will visit them before his morning's work begins. "Spinal" headaches are treated after the blood pressure has been taken, in the usual manner of elevating the foot of the bed, placing ice caps to the patient's head, giving sedatives, intravenous therapy, pituitrin and, in some cases, a spinal puncture to lower cerebro-spinal fluid pressure. Those showing upper respiratory infections and symptoms of atelectasis are held firmly over the diaphragm and encouraged to breathe deeply and cough. This proves most effective, for in a very short time the patient is coughing up retained secretions, and respirations that have been shallow and laboured become deeper. The colour improves as the lungs re-expand and a possible pneumonia will have been averted.

We then prepare for our day's work and, having reviewed the list of expected patients, we ask the various wards to send along the anesthetic beds with extra equipment, such as shock pins, hot water bottles and one pillow. Many times ice collars, ice bags, drainage bottles, bed cradles, fracture boards and extra pillows are needed and are requested.

The first patient usually arrives in the Recovery Room at 9.30 a.m. and from then on we are kept busy. Blood pressure, pulse and respiration are recorded every fifteen minutes during the first hour and then every half or one hour as indicated. Except when ordered otherwise, the unconscious patient is always maintained in the lateral position, and in our oral surgical cases particularly, the use of nasal and oral suction is of great benefit in keeping the respiratory tract clear from aspiration of blood and mucus.

An outline of the Recovery Room responsibilities can be briefly summed up:

1. Starting of intravenous and oxygen therapy.

2. Introduction of duodenal tubes and Wagensteen suction.

3. Administration of sedatives and stimulants.

4. Constant watching for hemorrhage and shock and following plaster casts, warmth or discolouration of fingers and toes.

5. Reinforcement or changing of dressings.

6. Frequent changing of position and explaining to the patient why this and deep breathing are beneficial to them.

7. Sympathetic understanding and allaying of fears and apprehension.

8. Full or partial sponge bath, back massage and changing of bed linen before being transferred to ward.

Many times the very ill or shocked patient is kept in the Recovery Room overnight with a special nurse. But more often he is sent to a private cabin, leaving the Recovery Room free for the use of survivors and accident cases admitted during the night.

In closing, may I stress the importance and essentiality of close co-operation with the various departments. During a busy day with ten or twelve patients going through our department, a condition which is becoming more the rule than the exception, it is increasingly evident that we could not function successfully without it. There prevails Assistants, the Ward Medical Officers and Ward Sisters, the Sick Berth Attendants, and the staffs of the Central Supply Room, Operating Room, Dispensary and Recovery Room, a sympa-

thetic feeling, a broad understanding.

We feel that this new department has been of great help in the prevention of post-operative complications, and an added safeguard in the treatment and care of those who fight for us.

DDT Studied for Outdoor Use

Extensive investigations are now being conducted to determine the benefits and possible hazards involved in the contemplated use of the insecticide DDT on a large scale outdoors as part of a plan to control insect-borne diseases. One of the largest tests to date is scheduled to commence in the Lake Nipigon area north of Fort William, in an attempt to check the spread of the spruce budworm which is threatening to destroy valuable stands of timber.

DDT was rushed to Naples in the spring of 1943 when typhus threatened to reach the proportions of an epidemic. Military authorities on typhus control took over and daily some twenty thousand persons, rich and poor alike, were dusted with DDT. Over two million people were so treated. Soon the decline in the incidence of this louse-borne scourge was as abrupt as its rise had been steep. For the first time in history, a typhus plague had been arrested in mid-winter. In South Pacific areas, where Allied troops were waging a grisly war with the Japs, not the least of the killers turned out to be malaria. Here the story of DDT was equally dramatic and equally effective. When Allied troops had to fight their way from island to island, with supplies of quinine at a very low ebb, the spraying of DDT proved fatal to all the mosquito types transmitting this dangerous disease.

DDT is a chemical compound which was discovered in the 1870's and, like many other products of scientific research, remained nothing more than an idle curiosity until 1939. The reports of DDT thereafter read like fairy tales. DDT — or dichloro-diphenyl-trichloroethane, to give it its full name — proves relatively harmless to man and animal, but is a tested killer of many household insects, many of the innumerable varieties of insects which prey upon crops, and of many types of blood-sucking insects responsible for the spread of disease in animals and man. Its fatal action is said to be equally certain whether the insect ate the drug or simply touched it. As a film on surfaces, it is reported to be effective for weeks at a time.

DDT is effective in solution, or when used in a dusting powder. Readily soluble in many solvents, it is possible to disseminate clouds and sprays from the air as well as from the ground. On interior walls, DDT has been shown to retain the lethal effect for as long as three hundred days. As a spray in solution, it not only kills insects on immediate application, but continues to kill for months. Applied in solid form, it readily kills body insects.

Only recently has DDT begun to come on the market for general purpose use, and even yet is being restricted by the Director of Pesticides for Canada this year to stable spraying, food packaging establishments, for hospitals, etc. None is yet available to the ordinary household for fly sprays. The householder will welcome its protection against the common fly and hungry mosquito, as well as the destructive moth.

Besides killing insects that carry diseases, DDT may kill other insects that are beneficial, and thus affect the balance of nature which is important to agriculture and wild life. In combat zones, where the health of the soldier was at stake, it was necessary to ignore these considerations but general outdoor applications will not be adopted until more is known about these biological effects.

—Dominion Rubber Co. Ltd.

Victory Scholarships

The Royal College of Nursing has announced that, in token of victory, and in appreciation of the work of hospital ward and departmental sisters throughout the war, forty scholarships of fifty pounds each were to be awarded under the Halford Bequest to provide two weeks travelling instruction and two weeks holiday.

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association

Room to Grow In

HELEN G. MCARTHUR

Out on the prairies the citizens boast of the wide open spaces. They glow with pride as they take a visitor to a small hill and point ahead saying "There to the South you can see the elevators of three towns rising from a sea of wheat; to the East the road winds its way for some twenty miles, to the North are more elevators, while to the west lift up your eyes to the Rocky Mountains standing white-capped and majestic against the sky." There is always an infinite variety. You just cannot feel hemmed in, because there is room in which to move and breathe. You can see where you are going and you know there are still new frontiers to conquer. It's a glorious feeling — that feeling of room to grow in, and opportunity ahead.

As chairman of the Public Health Section of the Canadian Nurses Association, I feel the same exhilaration when the reports of the Provincial Sections come in and we sit down to review what is happening in public health nursing in Canada. Some of the details of these new developments will be presented next month by our secretary for your information and inspiration. Looking over the activities of the Provinces we can see new programs in industrial nursing; the growth of closer relationships with undergraduate students in our training schools; a broad expansion in the establishment of full-time public health services to rural Canada: the expression by the general public of a deep and sincere respect for public health nurses and what they are trying to do; and an ever increasing army of well qualified young nurses working earnestly and intensely that they may achieve the best for themselves and for those they serve. It is thrilling to see that public health nursing in Canada today has that feeling of room to grow in and opportunity ahead.

There is also evidence that public health nurses are not satisfied to have it said of them "She is an efficient public health nurse." They want much more. Nurses are preparing themselves so that it may be said of any one of them, "She is a charming woman, a valuable citizen and an efficient nurse." And in that order too.

Looking in the mirror in the early morning one realizes that the beautician, the right dress shop, and getting to bed earlier are certainly essentials for the charming woman. Miss Deming pointed this up in her well-directed remarks to the medical officers of health at the 1944 meeting of the Candian Public Health Association. However, most women are aware that to be attractive looking helps in making the first impression but much more is needed to sustain us through a lasting impression. Nurses are being entrusted with an important social responsibility in

plans for the future of Canada. We are beginning to realize this — but it is important for this feeling to be strengthened by knowledge and by action.

Mrs. Margaret McWilliams, chairman of the sub-committee on Post-War Problems of Women, Dominion Government Committee on Reconstruction, at the biennial meeting of the Canadian Nuses Association[2] gave us inspiration and some principles to help us develop a broad interest in the world about us and for individual growth.

The report of the sub-committee on Post-War Problems of Women gives nurses broad views on how to function effectively as women and as citizens. This report has also challenged nurses to meet some of the needs of Canadian women we have hitherto failed to accept although we are equipped to do so. The report states that during wartime women have played their full part as responsible citizens and they expect to continue to be treated as such in the coming years. Their hope is to be full members of a free community.

Public health nurses are particularly fitted to give leadership because they have had peculiar opportunities for the development of their professional status through the social significance of their work and the lack of competition from men in the nursing field. Cognizance must be taken of the fact that the achievements of women during wartime will remain and become permanent only if the work and sacrifice of the years to come match those years in which work and sacrifice seemed the natural thing. "One continual need will be sympathy and understanding among women", says the McWilliams report. "Without it there will be little hope of happy solutions of the post-war problems of the women in whose lives war has made fundamental changes. Certainly there must disappear from among us that indifference — indifference which at times becomes antagonism — of women to women. There is no need to think of aggressiveness or antagonism on the part of women towards men or vice versa. We are not antagonistic but, as war work has shown, complementary. Our responsibility to the country and our work is often different in kind and almost always different in emphasis. Our country needs all that both men and women can give if our post-war problems are to be solved and a beginning is to be made in Canada in the building of what we like to think of as 'the brave new world'."

Does not this statement challenge us to act as women and as citizens as well as to fulfil our professional responsibilities? As chairman of the Public Health Section of the Canadian Nurses Association, I feel I, too, can say of public health nursing that there is always an infinite variety. You just cannot feel hemmed in, because there is room in which to move and breathe. You can see where you are going and you know there are still new frontiers to conquer. It's a glorious feeling—that feeling of room to grow in, and opportunity ahead!

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Preview

Much has been said and written regarding the usefulness and necessity of a secondary group to assist professional nurses in meeting the demands for nursing service. An eminent physician, Dr. J. C. Meakins, dean of the School of Medicine at McGill University, has presented his opinion on this topic in "The Future of Nursing". Do you agree with his hypotheses? Watch for this article.

HOSPITALS & SCHOOLS of NURSING

Contributed by Hospital and School of Nursing Section of the C. N. A.

Conflicting Ideas in Textbooks

A. E. HAGGART

One of the most difficult problems faced by an instructor is to determine, from the conflicting statements in the standard textbooks used in our schools of nursing, which are correct, which should be taught. If it is hard for the instructors to reconcile such divergent facts, how much more confusing must it be for the students? One of the commonest sources of these apparent discrepancies is found in the texts used in Materia Medica and Pharmacology. Referring to the use of disinfectants there is a variation in both the amount required and the length of time the solution must be in contact with infected material. From several well-known books, I have selected the following statements dealing with the use of formalin:

Text 1. "A 10 per cent solution is added to excreta and allowed to remain in contact with it for one hour".

"Linen — 10 per cent formalin — one hour".

Text 2. "Formalin is used chiefly for the disinfection of excreta . . . An equal amount of 10 per cent solution should be used and allowed to stand for one hour", *and* "Bowel discharge may be disinfected by . . . 10 per cent formalin solution, in volume equal to that of the material to be disinfected, the mass thoroughly mixed and allowed to stand for two hours before disposal".

"Soiled sheets and clothing may be immersed in a 5 per cent solution for one hour", *and* "Sheets . . . may be disinfected by . . . 10 per cent formalin for two hours".

Text 3. "Feces can be deodorized and disinfected by the addition and thorough mixing of a 10 per cent solution of formaldehyde" . . . "Solution should act for at least two hours . . . desirable to use an excessive amount".

"Linen — solution of formaldehyde 10 per cent".

Which is sufficient — a 5 or 10 per cent solution? Since the germicidal efficiency of any solution depends largely on its strength, this difference in suggested disinfectants is important. If the lower concentration is effective, in the interests of economy one would use it. The length of time the solution is in contact with the infected material is also important. If one hour is sufficient why leave it for two? Furthermore, formalin is a 37-40 per cent solution of formaldehyde. How then, can they be used more or less interchangeably?

Similar confusing statements are found concerning phenol and its uses. In one textbook varying strengths of solution are indicated for disinfecting purposes:

"Used in 5 per cent solution to disinfect sheets, etc." "Used in 2 to 5 per cent solution for stools and urine". "The articles must be soaked in carbolic acid for a half hour to several hours". "In weak solutions, 2 to 5 per cent, it checks the growth of all bacteria except their spores which are resis-

tant forms. It is the most efficient antiseptic known".

If a 2-5 per cent solution is only antiseptic how can it be used to disinfect? Why should linen require a higher concentration than excreta? Some species of organisms may be destroyed in half an hour but can we expect a student to remember the varying periods of time for the different species? One cannot burden a student with too great detail because she becomes confused — she has too much on her mind. Would it not be wiser to give one strength of a drug and a definite length of time which offers a wide margin of safety? Probably several drugs are efficacious in the space of an hour. Then, allow one hour as a standard time. Surely, sufficient experimental work has been performed for clearer ideas than are expressed in present-day texts.

Consider these remarks as further evidence of the contradictory statements regarding phenol recorded in approved texts:

Text 2. "Do not give glycerine or oils unless they are afterward removed, as they *promote* absorption of phenol".

Text 3. "Olive oil may be left in the stomach to *retard* absorption and to act as a demulcent".

Both of these statements cannot be true. Might it not be wiser to indicate controversial opinions and not make definite statements if the true facts are still in doubt?

Chlorinated lime is an efficient germicide for use in disinfecting excreta safe for use in any home and easily obtained. Student nurses are bound to be confused when they read in one of their texts:

"Its chief use is to disinfect infected material such as feces and other excreta. A 5 per cent solution is suitable for ordinary use. To disinfect excreta equal volumes of excreta and 1:5 solution should be mixed thoroughly and allowed to stand for one hour".

Is the "1:5" a misprint or is a 20 per cent solution actually what is meant? Or may there be confusion with the strength of slaked lime which is used as 20 per cent for the same purpose?

Even in the definition of terms in our dictionaries and glossaries, authorities do not agree. Consider the following: "Infarct — an obstruction or embolus; the morbid condition of a limited area resulting from such obstruction". An obstruction or embolus certainly is not the same as the condition resulting from it. Again, the majority of authors on obstetrical works consider the puerperium: "The period from the *termination* of labour to the complete involution of the uterus". However, we do find: "The puerperium is the period from the *beginning* of labour until the genital organs and tract have returned to their almost normal size and condition". Needless to say these are not the same and students must be confused by such definitions.

Instructors and students desire reliable information. Examiners often must be in a quandary. Can we not have greater uniformity in our ideas so that all of us may benefit?

Hypothyroidism

One of the most helpful diagnostic clues in hypothyroidism is tolerance to heat. The patient whose hands and feet are always cold, who does not mind hot summers, and who needs heavier clothing than her friends and heavier bedclothes than her husband, is very likely to be hypothyroid.

—*Physician's Bulletin.*

GENERAL NURSING

Contributed by the General Nursing Section of the Canadian Nurses Association

Ruptured Spleen

EDITH WELDON

On November 1 at 7.30 p.m., James, a young lad of fifteen years of age, was admitted to Victoria Public Hospital, Fredericton, suffering from severe abdominal pain due to an accident, which he had had earlier in the day when he was thrown from a bicycle. When admitted the patient was suffering from severe shock. While the doctors were attempting to make a diagnosis, the foot of the bed was elevated, and hot water bottles and a baker were applied to counteract the shock. X-ray films were taken at once; they were of value chiefly from a negative aspect — they revealed no broken ribs, no pneumothorax, no shift in mediastinum, no free gas. Urinalysis was normal, red blood cells 4,020,000 per cu. mm., white blood cells 23,200 per cu. mm., hemoglobin 72 per cent. After consultation, the doctors decided immediate operation was imperative. When the abdomen was opened, considerable blood was found in the peritoneal cavity, and many clots about the spleen. The spleen is a soft pliable organ lying mostly in the left hypochondriac region, and at the tip of the pancreas. Although its detailed function is not known, it plays an important part in the destruction and regeneration of red blood cells. One edge of this organ was found to be badly torn and contused. At this stage the patient's condition was poor, so three yards of packing gauze were placed about the spleen, and the abdomen closed.

Immediately upon his return from the operating room, James was placed in a specially prepared (anesthetic) heated bed, and received a blood transfusion of 500 cc. together with 400 cc. of 5 per cent glucose in normal saline intravenously. His pulse was 140-160 and very weak; gradually it became a little slower until by morning it was 124 and of fair volume. By this time he was suffering from extreme thirst and nausea. but no emesis. He was given 1,000 cc. of 5 per cent glucose in normal saline intravenously twice a day for the first six days. From the first the patient did not complain of extreme pain, but more or less general discomfort and restlessness. Morphine sulphate grs. ¼ Q. 4. H. p.r.n. was given as a sedative.

During these first three days his temperature ranged between 99° — 103°F., he was taking fluids freely; his abdominal dressing required changing occasionally due to a moderate sero-sanguinous drainage. On the third day the patient's condition became critical, his skin was cold and clammy, his abdomen was very distended, he was nauseated with emesis of brownish-green fluid, and suffered intermittent attacks of hiccoughs. A Levine tube was inserted with immediate suctionage of 600 cc. dark brownish fluid. Within a few

hours the abdomen was definitely softer, and the patient's general condition slightly improved. A soapsuds enema caused expulsion of considerable flatus, but very little fecal matter. At this time the red blood cells numbered 3,290,000 per cu. mm. His pulse was still 140-160. However, within a few days he was taking a soft diet and having bowel movements daily.

On the eleventh day the patient recommenced to vomit, there was increased drainage from the abdominal incision with a slightly disagreeable odour, the abdomen was distended in spite of the passage of flatus per rectum. At this time the white blood count was 44,500 per cu. mm. The Levine tube was reinserted for relief of distention. Solu-thiazole 5 cc. was given intravenously, or intramuscularly Q.4.H. for three days, then Q.8.H. for three days. One yard of packing around the spleen was removed, and two days later the other two yards removed, with no bleeding whatsoever. The patient's condition showed little change; carminative enemata were effectual; temperature was 102°F., pulse 160, respiration 32.

On the fourteenth day the application of hot stupes to the abdomen Q.4.H. was begun, and penicillin therapy was started — 15,000 units Q.3.H. intramuscularly. Intravenous infusions, 1,000 cc. of 10 per cent glucose in normal saline, were given twice daily. Water was taken freely, and in the water was dissolved Dexin — a preparation of dextrose supposed to produce a minimum of gas in the gastro-intestinal tract. The abdomen remained rigid and tight with a definite fullness over the bladder region, which led us to believe that the lad had a full bladder. By means of a rectal examination the doctor discovered in the pelvis a mass about the size of an infant's head. The patient's condition was poor, and the doctors considered that the operative risk was too great, so decided to continue the treatment as outlined.

On the seventeenth day the patient complained of a definite tightness in the abdomen, and later there was a sudden gush of sero-sanguinous fluid (with no odour) from the abdominal incision. The dressing and bed were saturated—it is estimated that at least 1,000 cc. of fluid was discharged. Pulse and temperature were unaffected by this outburst, but the abdomen was much softer. On the next day there was another gush of discharge from the incision, this time of a purulent nature with a slightly disagreeable odour. The temperature gradually returned to normal, and the penicillin was discontinued after nine days' administration. The red blood count, hemoglobin, and urine were normal. However the pulse rate remained elevated at 112-120.

During these two weeks, the patient lost considerable weight and his appetite was poor. His diet had consisted almost entirely of fluids: water with Dexin, gingerale, orange juice, chicken broth, etc. After the nausea had stopped other foods were added: toast and tea, cream soups, and soda biscuits, ice cream and cookies. Gradually he was being given a full diet, but his appetite remained poor and he ate very little. Every effort was made to prepare and serve favourite dishes, such as an oyster stew and clam chowder, but nothing seemed to stimulate his appetite to any extent. So, after thirty-seven days in hospital, our patient was taken home by ambulance. He was not completely cured, but it was thought that his convalescence would be more satisfactory amidst the familiar surroundings of his home. However, even then, the troubles of our long-suffering patient were not over. A few days after his arrival home, he was subjected to the discomfort of an impacted rectum, which developed in spite of the fact that he had a daily bowel movement. After that, his recovery progressed satisfactorily and he is now able to participate in many activities.

Notes from National Office

Contributed by GERTRUDE M. HALL

General Secretary, The Canadian Nurses Association

Reports of Committees

The following summaries have been prepared from reports of various committees presented to the Executive Committee on May 31, June 1 and 2, 1945:

Committee on Nursing Education

At the meeting of the committee on Nursing Education in Montreal on October 27, 1944, the following resolution was passed:

That the committee on Nursing Education recommend now to the Executive Committee of the C.N.A. that the following arrangement be made to facilitate the work of the Education Committee in the present biennium —

(a) That appointment be made to full membership in the Education Committee of at least four persons who reside in the same town with the chairman of the Education Committee; these to be chosen from the C.N.A. membership at large and not because they have been selected already for some other C.N.A. function.

(b) That the convener and the conveners of the two sub-committees with the above four members, be considered as an executive sub-committee of the Education Committee, and that this proposed executive sub-committee be given power to act.

(c) That when possible the remaining ex-oficio members of the Education Committee be notified of all meetings and attend when possible, and that, when they cannot attend meetings, they be considered as corresponding members and thus receive information of all action taken by the proposed executive sub-committee.

(d) That a Vice-Chairman be appointed. (Secretary assumed.)

Nurse Practice Acts

Following the report of the sub-committee on Subsidiary Nursing Groups to the meeting of the Executive Sub-Committee on March 27, the following motion was passed:

That the provincial associations be urged to take immediate steps to obtain Nurse Practice Acts, which will include both professional and assistant nurses.

Hospital and School of Nursing Section

The special page in *The Canadian Nurse* has been very active, and the convener has on hand sufficient material for each month until November. Throughout the provinces, studies have been made of placements, courses in the curriculum, staff education, ward teaching, examinations for the admission into associations of registered nurses, training school records, refresher courses for instructors, etc.

The following suggestions were submitted from this Section for the 1946 biennial meeting: (1) use of pre-testing in the nursing school curriculum; (2) use of tests and measurements; (3) staff education program and ward teaching.

A short institute on one of the above topics would be of great value, if such could be arranged during convention week.

General Nursing Section

This section stresses the need for greater unity, for more active partici-

pation in Section and Association activities by the individual private duty and general staff nurse.

The Placement Service is proving its worth, especially in attempting to meet the needs of rural hospitals. The calls for general staff nurses for sanatoria and mental institutions still far exceed the supply. Salaries for general staff nurses have been increased in many instances and more attention is being paid to living conditions. Plans are again being made to supply summer relief.

Public Health Section

The National Section executive feels that a definite effort should be made in the provinces to include industrial nurses in the public health sections. Therefore the following resolution was passed and sent to each provincial public health section:

That an attempt be made in each province to organize the industrial nurses as a subsection of the Public Health Section under a similar plan as exists in British Columbia.

In British Columbia the industrial nurses have formed a sub-section of the Public Health Section, and the chairman of the Public Health Section attends their meetings. Any resolutions from the industrial nurses are brought through the chairman of the Public Health Section to the Council of the Registered Nurses' Association of British Columbia.

The Education Committee has been working on a follow-up study on "The Use of the Volunteer in Public Health Nursing" and reports that questionnaires and reprints of the report on this subject, as found in the December, 1943, issue of the *Canadian Journal of Public Health* will be mailed to each provincial section.

The Publications Committee has been very busy procuring articles for the Public Health Nursing page of *The Canadian Nurse*. Material is arranged for up until a Fall issue. At the last Executive meeting the following resolution was passed:

That each provincial section should be made responsible for contributing one article, at least, by September 1, on some interesting public health project in their respective provinces.

British Nurses Relief Fund

Funds continue to come in from the provinces. Because of the increased air bombing during the latter part of February and early in March, it was decided to send a further donation of $5,000 to Great Britain. A letter of thanks has been received from the Royal College of Nursing for this amount.

National Bursary Award Committee

On July 19, 1944, the National Bursary Award Committee met to consider 164 applications. Out of these, 115 long-term bursaries and 13 short-term awards were made. Further awards were made up to June 10, 1945, until the total number of long-term bursaries reached 125 and the short-term bursaries numbered 72; 63 applicants received assistance with travelling expenses. Of the allocation of $75,000 for bursaries, the division was as follows: long-term bursaries, $60,000; short-term bursaries, $10,000; travelling expenses, $5,000. All but $15 of this amount was used.

Study Committee for Nurse Representation on Dominion Health Council

A review of the correspondence on file shows that it is over twenty-one years since the C.N.A. made its first approach to the Dominion Government requesting that a representative of the C.N.A. be appointed to the Dominion Health Council.

In July, 1943, a formal request was submitted to the Honourable the Minister of Pensions and National Health by the C.N.A., namely:

That, as the Dominion Health Council deals with the health matters with which the nursing profession is most vitally concerned, a well-qualified, experienced nurse be appointed as a member of the Dominion Health Council.

The Minister expressed appreciation of the interest of the C.N.A. but stated:

It is felt at the present time that it would not be warranted to increase the membership or change the type of personnel forming the Council in view of the success of its operations under existing conditions.

It is felt by Canadian nurses that this request has scarcely received the consideration it deserves. It has been pointed out to the C.N.A. that other professional organizations are not represented on the Dominion Health Council as such. This fact is recognized but it does not seem fully relevant or convincing. It is admitted, too, that the C.N.A. has continued to present this request to the Government for over twenty-one years. Nevertheless, other worthwhile achievements have taken as long; therefore, it has seemed advisable that the importance of having nursing representation on the Council should be kept before the authorities in the hope that something can be done about it.

Editorial Board

The Editorial Board was first named after the Winnipeg meeting last year. The responsibilities of the Board are broader than its name would indicate, for they include financial matters as well as editorial policy.

The *Journal* is owned and published by the Canadian Nurses Association. When a full-time editor was first appointed in January, 1933, it was stated that the Canadian Nurses Association would be responsible for any deficit. The present budget of the *Journal* is approximately $25,000 and the prospect of a deficit is most unlikely. It appears wise, however, that the financial policy as it relates to *The Canadian Nurse* be clarified as a guide to the Editorial Board now and in the future.

Since the present editor assumed office and the Editorial Board was named, it has been the practice to refer any extraordinary expenditure, not included in the budget, to the Editorial Board for approval, and then to the Executive Committee of the Canadian Nurses Association for ratification. The new salary scale for clerical staff which was adopted this year provides an example of this method of dealing with financial matters. The procedure seems logical and satisfactory, and it is now recommended that this practice be adopted as a definite policy to guide future financial relationships between the Canadian Nurses Association and *The Canadian Nurse*.

Exchange of Nurses Committee
British Civil Nursing Reserve

One meeting of the sub-committee of the Exchange of Nurses Committee has been held since the Executive last met. At this meeting, a letter was read from Miss Watt, of the Ministry of Health, London, Eng., stating that, in view of the developments of the war situation, further recruitment of Canadian nurses for the British Civil Nursing Reserve should now be discontinued. Applications of four nurses, which were approved by the convener in September, were ratified; three of these nurses had already left for overseas. When it was found that passage had not been booked for the fourth nurse, she was advised of the discontinuance of recruitment.

Reports from Miss Watt concerning the fifty-three nurses who have proceeded overseas are for the most part very satisfactory. We have been notified, however, that twenty-seven nurses have severed their connection with the Reserve — nine due to pregnancy, four having completed the full year of service, four having been released to return to Canada with their husbands,

and seven for personal health or family health reasons; the other three nurses left hospitals without official notice.

In recent correspondence, Miss Watt made the following comment:

> I would like to assure you that the cordial relationships between our two nursing associations will always remain and we will ever be grateful for the help that the Canadian Nurses Association has given us in recruiting nurses to join the British Civil Nursing Reserve. The members who remain in the Reserve are giving very good service.

History of Nursing Committee

The chairman has worked closely with Mr. Murray Gibbon in the use of the files submitted by the provincial committees on History of Nursing and in securing additional source material as required.

During the past six months, Mr. Gibbon has visited every province except Prince Edward Island and has gathered a great deal of first-hand information, many pictures and human interest stories. It has meant a great deal to the Association that he has established excellent contacts with the French nursing sisterhoods.

Mr. Gibbon has made steady progress in his work of writing the history and it now appears that the manscript will be completed by the autumn. The paper for its printing has been secured and there is every reason to believe that the book will be in your hands before the biennial meeting of 1946.

Interim Report, Editor and Business Manager, The Canadian Nurse

In January, 1945, the Table of Contents and Readers' Guide were moved to the front of the *Journal*. Special pages were initiated for the Postwar Planning Committee and for the Nursing Education Committee in April and May of this year. Monthly guests editorials prepared by the presidents of the provincial associations also began in May.

During a promotion campaign in the four western provinces, the editor was privileged to address thirty-one audiences regarding the *Journal*. Many new subscriptions were received and contact was made with several prospective authors. The splendid co-operation received from the provincial executive secretaries and *Canadian Nurse* conveners is extremely gratifying.

For the first five months of 1945, 2,168 new subscriptions were received, but during the same period 1,242 subscribers failed to renew. Any suggestions that will assist in the curbing of failure of renewals will be gratefully received.

The Editorial Board approved the purchase of $2,500 in Victory Bonds in November, 1944, and authorized the purchase of $3,000 more in the spring drive.

Committee on Placement Bureaux

At the October meeting, the C.N.A. Executive adopted the following motion:

> That the appointment of a person to organize and co-ordinate placement bureaux on a national basis be given further study by the general secretary, and that a report be made on this matter at the next Executive meeting.

Miss Gertrude Hall attended a meeting of the Core Committee on April 5. Miss Hall reported rapid development of placement bureaux in the provinces. Discussion emphasized the need for some sort of consultant service being made available to provincial associations. It was agreed that this rapid development indicated the need for some revision of the proposal suggested in the October resolution and the following motion was passed:

> It is the opinion of this Committee that present and future needs would best be met by a national consultant rather than a co-

ordinator. If, in the opinion of the C.N.A. Executive, the appointment of such a person on a full-time basis is not possible, the Committee recommends that, for those provinces requiring assistance in the establishment of placement bureaux, consideration be given to the utilization on a part-time basis and in a consultant capacity of some one already experienced in this field.

Committee on Postwar Planning

The activities of the committee on Postwar Planning have been confined to the original objectives, viz: (1) to give assistance in the rehabilitation of nursing sisters; (2) to co-operate with UNRRA; (3) to assist the provincial nurses associations with problems of supplying distribution of nurses; and to encourage promising nurses to prepare for leadership in all fields of nursing.

Replies have been received from the nursing sisters in the R.C.A.M.C. overseas and from all nursing sisters of the R.C.A.F. and R.C.N. (T) to the questionnaires sent out concerning rehabilitation. The information obtained from the questionnaire data has served as a very constructive basis for preparing the type of information which will be of value and interest to those contemplating demobilization. Public health nursing in its various aspects, teaching in schools of nursing, operating room, and surgical nursing are the four major interests of service and education.

It was felt that the most effective means of giving assistance to the nursing sisters on the basis of the information thus received would be through the medium of a personal letter from the president of the Canadian Nurses Association. This letter, which is in the form of a brochure, covers both educational and service plans of the Government and of the C.N.A. in postwar activities. This pamphlet has been prepared in collaboration with the Matrons-in-Chief of the nursing services of the Armed Forces.

UNRRA: On the recommendation of the Executive Committee in October, 1944, a new quota of fifty nurses of all categories for UNRRA was set up by the Association. It is interesting to note that the appointees from Canada have almost all been public health nurses. Our most recent advice from Washington is that they again require only higher-bracket personnel.

Following consultation with Mr. Pearson, Canadian Minister at Washington, we were advised that, should further recruitment of Canadian nurses be requested by UNRRA for service abroad, the salary question should be taken up with UNRRA authorities.

C.C.V.A.: We have been advised by the secretary of the Canadian Council of Voluntary Agencies assisting UNRRA that the activities of this Council are indefinitely suspended.

As a means of giving greater publicity to postwar plans, the committee on Postwar Planning requested a page in *The Canadian Nurse* for all types of information on postwar activities.

General Secretary

This report covers the activities of this Association since the last meeting of the Executive Committee held in October, 1944. Miss Winnifred Cooke arrived at National Office on August 1, 1945, to replace Miss F. Walker, who left on December 15, 1944. Miss Marion Moseley has replaced Miss Henderson, the bookkeeper.

Liaison in Foreign Countries

It was brought to the attention of the Executive that on more than one occasion inaccuracies in interpretation or reporting of Canadian nursing affairs have occurred in the press in other countries. It was suggested that some protective measures should be taken to ensure a more careful interpretation of our affairs in the future; also it would be

beneficial to the C.N.A. to be kept informed of significant trends in nursing developments — legal, technical and social — in other countries.

In the light of the above expression of opinion, the following resolution was submitted at the October 27-28, 1944, meeting:

Whereas it is becoming an axiom that if world peace is to be secured there must be international goodwill and understanding not only between nations as such, but also between like groups within these nations; therefore be it resolved that the question be explored of having a Canadian nurse liaison representative in England and in the U.S.A., and other countries when possible, attached to the Royal College of Nursing and the National League of Nursing Education or the American Nurses Association in the same way that the Canadian Government have commissioners.

A letter covering this resolution was written to the executive secretary of the International Council of Nurses on December 12, 1944, and the following reply was received:

I was most interested in the resolution concerning representatives of the Canadian Nurses Association in England and in the U.S.A. I believe that this would be a great step forward towards an understanding between national professional groups. I was particularly pleased as I have lately been thinking on the same lines for the I.C.N.

Survey of Nursing Service Needs as Proposed by Canadian Red Cross Society

In an effort to assist in alleviating present serious shortages of nursing personnel in civilian hospitals in Canada, the Canadian Red Cross Society and the St. John Ambulance Association were approached in August, 1944, by National Selective Service, with a suggestion that the services of nurses' aides, trained under the auspices of these two organizations, should be utilized to a greater extent than at present, in order to dilute available registered nurse personnel. These aides, heretofore serving in hospitals as volunteers, would under the proposal of National Selective Service be employed on a full-time and salary basis in hospitals requiring their services.

In February, 1945, Dr. F. W. Routley, Commissioner of the Canadian Red Cross Society, Toronto, approached representatives of the Canadian Nurses Association to ascertain whether the latter organization would consent, at the expense of the Canadian Red Cross, to undertake an immediate canvass of the hospital situation throughout Canada in order to determine the following facts: (a) the need of nurses' aides in general hospitals (urban and rural), mental hospitals and sanatoria; (b) the number of nurses' aides requested by each institution desiring such assistance under the terms specified by National Selective Service; (c) the ability and willingness of the hospitals to pay such workers $60 a month, plus full maintenance and lodging.

On the advice of the president of the Canadian Hospital Council, the general secretary of the Canadian Nurses Association sought the co-operation of Dr. H. Agnew, sceretary of the Canadian Hospital Council, in securing from each provincial hospital association information as to the ability and willingness of the hospitals to pay the suggested sum of $60 a month, plus maintenance.

Following the approval of the majority of the Executive of the C.N.A., the general secretary of the C.N.A. then commenced a survey of nursing needs in the four western provinces, while the assistant secretary undertook a similar study in the province of Nova Scotia. In addition to carrying out the survey, the general secretary was privileged to attend annual meetings in three provinces, and opportunity was provided in the province of Saskatchewan to meet and address nurses in Regina and Saskatoon.

Forty-two hospitals were visited in three provinces; these included mental hospitals and tuberculosis sanatoria. The total number of nurses' aides required by the hospitals visited in the provinces of British Columbia, Albertà and Manitoba are as follows: 40 in mental hospitals; 45 in general hospitals; 34 in sanatoria; 119 in all.

Treasurer

Monthly financial statements have been prepared for both Canadian Nurses Association and Government Grant funds. These have been submitted to the president, and statements covering C.N.A. funds and the administrative portion of the government grant have been submitted, as is customary, to the honourary treasurer and honourary secretary.

Quarterly financial statements for the periods ended December, 1944, and March, 1945, have been sent to all members of the Executive Committee. The books of the Association were duly audited for the fiscal year ended December 31, 1944.

Total membership reported by the nine provincial associations as at December 31, 1944 was 21,906, an increase of 475, or about 2.20 per cent.

Government Grant Committee

A letter was read from Dr. G. B. Chisholm, Deputy Minister of Health and Welfare, advising the C.N.A. that five-twelfths of the $250,000 grant applied for, for 1945-46, had been approved, and that the remaining seven-twelfths of the estimated grant would be considered by Parliament following the general election.

The allocation of $30,000 for bursaries out of the $104,170 available now, was ratified, as was the policy of continuing to restrict the award of bursaries for short courses, to be taken outside of Canada, to selected applicants. It was agreed that $20,000 would be allocated for administration in National Office.

The convener of the Bursary Award Committee stressed the necessity for careful selection of bursary applicants by provincial associations. Those applying for bursaries should place their applications through the province where they are presently registered.

Quebec Holds its Silver Jubilee Meeting

The R.N.A.P.Q. celebrated its Silver Jubilee recently, during a meeting which lasted three days, and closed with a banquet. On the Sunday immediately preceding the meeting, hundreds of nurses attended special national memorial and re-dedication services, with groups from all of the nursing services of the armed forces, public health organizations and students representing all schools attending in uniform.

The attendance at all the sessions of the twenty-fifth annual was exceedingly good, especially the one which constituted a "Forum of Current Events as Related to Canadian Nursing". All reports indicated increased activities and demonstrated that financially our Association is solvent. The main accomplishment of the year was the establishment of District Associations in the twelve areas designated by the Registration Act Amendment passed in 1943. This changes the principle of election to the Committee of Management, which was put into effect for the first time at this meeting. The Committee of Management consists of fourteen members, seven from each language group and elected therefrom in alternate years. Official delegates named by the twelve District Associations cast the vote on their behalf, there being one vote for every one hundred paid-up members in each district. The nomination ticket forwarded

to the District Associations one month before the date of the annual meeting provides the means whereby a secret ballot of all members permits of democratic procedure in such an election.

Business sessions and the Forum were conducted bilingually, other sessions being held separately in French and English, with speakers and topics of their individual choice and interest. Space will not permit me to enlarge upon the reports presented, their reception and the manner in which they were taken to heart, nor to do more than mentions the speakers' names and the topics which they handled with exceptional ability as follows:

Miss Rae Chittick, first vice-president, Canadian Nurses Association, gave us a great deal to think about in her masterly address entitled "Can Nurses Assist in the Return of War Personnel to Civilian Life".

Miss Gertrude M. Hall, general secretary Canadian Nurses Association, provoked much discussion and not a little concern through her excellent and timely presentation of "Two Types of Nurses", many among those present learning for the first time of no less than "six types of nurses" who may share nursing services in a given situation. The papers presented at the Forum precipitated healthy and spirited argument which moved so smoothly one wondered to what extent rehearsals had been conducted. These included "Legislation" by Miss E. C. Flanagan and Miss Ethel Johns; "Labour Relations" by Miss Esther Beith and Mlle Emma Rocque; "Postwar Planning" by Miss Marion Lindeburgh and Mlle Juliette Trudel. Contributing to the discussion were Misses Fanny Munroe, Gertrude Hall, Margaret Kerr, Electa MacLennan, Effie Killins, Margaret Brady, Ann Peverley, Elizabeth Robertson, Rev. Sisters Papineau and Lefebvre, Mlles Alice Albert, Maria Beaumier, Marie Cantin, Alice Girard, A. Martineau, A. M. Robert, Emma Rocque and Maria Roy.

Speakers at the French sessions were Dr. Edouard Desjardins, professor of surgery, University of Montreal — "Ce que le public attend de nous" (What the public expects of us); Rev. Père André Guillemette, chairman, Board of Directors, Council of Federation of French-Canadian Charities — "Techniques modernes pour la protection de l'enfance" (Modern technique and method in child care); Dr. Chas. Emile Grignon, chief, Department of Endocrinology, Hôpital Notre Dame, and professor, University of Montreal — "Les glandes endocrines et la personalité" (Endocrine glands and personality).

At the banquet which brought the Anniversary celebrations to a close, the speakers were Mme Guy Boulizon, professor of education, Stanislas College — "Vues sur les nécessités de l'éducation contemporaine" (Views on the need for contemporaneous education); Dr. H. L. Stewart, professor of philosophy, Dalhousie University, Halifax — "Prospects for the Post-war World". A brief resume of the Association's history to date entitled "Through the Years" was presented by the executive secretary and read in French by Mlle Marguerite Taschereau.

At the close of the Forum, during which our legal adviser, Mr. Roger Ouimet, K.C., was present to iron out misunderstandings, two resolutions were presented, discussed and unanimously carried. These were:

Whereas the status of nursing in the Province of Quebec has never been legally established, and whereas it is of public interest that the nursing profession be recognized by law, and whereas Labour laws and Labour codes in Canada and in the Province of Quebec have made no exception for the nursing profession as they have in the case of other professional workers, and whereas rapidly changing world and social conditions make it imperative that nursing be defined as a profession by law, and whereas the public has the right to be protected when dealing with persons whose calling allows them to care for the sick, and whose incompetence would constitute in itself a public menace, therefore be it resolved that the Committee of Management of the Registered Nurses Association of the Province of Quebec be, and they are of these presents fully empowered and urged to proceed with the matter of securing a Nursing Practice Act in the Province of Quebec as soon as possible and practicable.

Whereas the Labour Relations Act of the Province of Quebec contains no provisions excepting Registered Nurses from its application; whereas the nursing profession has not yet been defined by law, and whereas Collective Labour Agreements have been passed by different public and private bodies which have either included some staffs of Registered Nurses or threatened to include same, and whereas it is neither in the interest of the nursing profession nor of the public that bargaining agents on behalf of Registered Nurses be any one but the Registered Nurses Association of the Prov-

ince of Quebec through its authorized representatives, and whereas the provisions of the laws governing similar matters require full authority on the part of the delegating bodies, therefore be it resolved that the Registered Nurses Association through its Committee of Management be and it is hereby empowered to present any and all petitions provided for by law to act as collective bargaining agent for all Registered Nurses of the Province of Quebec whenever Collective Labour Agreements are negotiated with any and all employers of Registered Nurses throughout the Province of Quebec.

Officers elected to the Board for the next two-year period were Misses E. C. Flanagan, Mabel K. Holt, Mary S. Mathewson, Ethel B. Cooke, Rev. Sister Flavian (all re-elected) Misses Vera Graham and Ann Peverley, following which, according to regulations, the entire board met and elected from their number the following officers: president, E. C. Flanagan; French vice-president, Rev. Soeur Valerie de la Sagesse; English vice-president, Mary Mathewson (all re-elected); honourary secretary, Ethel B. Cooke; honourary treasurer, A. Martineau.

The principle of pensions for permanent employees at Association headquarters was adopted by the Committee of Management in honour of the occasion. An annuity plan to which both employer and employee will contribute is being worked out and will go into effect immediately.

E. Frances Upton
Executive Secretary and Registrar, R.N.A.P.Q.

Annual Meeting in Nova Scotia

The thirty-sixth annual meeting of the Registered Nurses Association of Nova Scotia was held at the First Presbyterian Church, New Glasgow, on June 13 and 14, 1945, with the president, Miss Rhoda MacDonald, in the chair. The Association was entertained by the Pictou County Branch, R.N.A.N.S.

The meeting opened with an inspiring invocation by the Rev. Lloyd MacLennan of the First Presbyterian Church, followed by an address by Mayor MacLeod of New Glasgow. He welcomed the members to the town, emphasizing the fact that the war is not yet won, and that the nurses still have an important part to play. Miss MacDonald then welcomed Miss Gertrude Hall, general secretary, C.N.A., and Miss Margaret Kerr, editor of *The Canadian Nurse*, to the meetings. Miss MacDonald, in her opening remarks, stressed the need for co-operation on the part of each and every member if the Association is to progress.

The reports of the registrar-treasurer-corresponding secretary were presented. The financial balance was satisfactory. The paid-up membership showed an increase of sixty-nine members over that of the previous year. Temporary reciprocal registration has been granted to fifteen active members of other associations, and two special permits have been granted to graduate nurses who are not registered.

A number of surveys have been made during the year, and a summary regarding student and graduate staff of hospitals has been sent to National Selective Service. Many letters and posters for recruitment have been distributed, and a great deal of publicity has been handled through the provincial office. The Nurses Placement Bureau is functioning, but due to the shortage of nurses has made only a few placements.

The registrar gave a brief account of the registrars conference held in Montreal on June 4 and 5, 1945, bringing out points regarding reciprocal registration with other provinces. A committee was then formed, with Miss Jean Forbes as convener, to study the application forms for registration in this province, and to make necessary changes in order to have more data regarding each applicant on file in the office.

Seven of the eight Branches of the Association were represented, and interesting reports of their activities for the past year were given.

The General Nursing Section recommended that a refresher course be given later in the year for that Section, to be financed

by Government Grant funds. They also suggested that eight-hour duty be enforced in those localities where there is no shortage of nurses. Both these recommendations were approved.

On the recommendation of the Hospital and School of Nursing Section, a committee was formed, with Miss Lillian Grady as convener, to study the first year qualifying examinations with a view to establishing them in Nova Scotia, beginning with the January, 1946, class.

The request of the Public Health Section to study the possibilities of holding a Job Instruction Training institute, to be financed by refresher course funds, was granted. This Section reported having held a refresher course during the past year, conducted by Miss Mary Mathewson, assistant director, McGill School for Graduate Nurses. The Library Committee purchased seven books during the year.

Miss Gertrude Hall spoke on the need of an active Legislative Committee, in order to carefully observe provincial legislation, and to study the changes in the C.N.A. constitution which will be reported by the National Committee. Miss Rhoda MacDonald gave an excellent report as councillor to the C.N.A. executive meeting. Miss Lenore MacMillan gave a comprehensive report on hours of duty and rates of pay throughout the hospitals in Nova Scotia.

The afternoon session opened with an address by Miss Gertrude Hall on "Two Types of Nurses", who, in a clear concise way, explained the differences in the training of these types of nurses, clarifying many important points in the minds of those present. Miss Margaret Kerr brought greetings from Miss F. Munroe, president, C.N.A., to the meeting. In her talk she stressed the need for more articles and subscriptions for the *Journal*.

In connection with the report of the Postwar Planning Committee, it was decided to form a special committee to welcome the returning nursing sisters, with Miss Archard as convener. Miss Rhoda MacDonald gave a report of the Labour Relations Committee, in which she stated that the lawyer had notified the committee that, in Nova Scotia, nursing was legally considered a profession. The committee was then given permission to investigate the Workman's Compensation Act in relation to nurses. The meeting also decided to engage a lawyer for the Association on a retaining basis.

It was duly carried that the registrar and president be sent to all C.N.A. executive meetings, the registrar to the annual registrars conference, and the registrar and president to the next biennial meeting, with all expenses paid.

It was brought to the attention of the meeting the benefits each might receive through an affiliation with the Provincial Council of Women, and it was decided to make a request for this affiliation. A recommendation, "that a committee to study the advisability and possibility of university post-graduate courses for nurses in public health, and teaching and supervision, to be established in Halifax in conjunction with Dalhousie, be formed", was approved with Miss Lenta Hall as convener.

The following officers were elected: president, Rhoda MacDonald, Sydney; first vice-president, Lillian Grady, Halifax; second vice-president, Lenta Hall, Bedford; third vice-president, Gladys Strum, Halifax; recording secretary, Frances MacDonald, Halifax; section chairmen: Hospital and School of Nursing, Sr. Catherine Gerard, Halifax; Public Health, Margaret Ross, Pictou; General Nursing, Mabel MacPhail, Sydney; committee conveners: program & publication, Mrs. C. Bennett, Halifax; legislative, Marion Haliburton, Halifax; nominating, Betty Duff, Stellarton; library, Sr. Mary of Calvary, Antigonish; arrangements, Mrs. Bertie Sanford, Amherst; adviser to registrar, Sadie Archard, Halifax.

Several delightful social events brought the meeting to a successful close.

JEAN C. DUNNING
Registrar, R.N.A.N.S.

When the S.R.N.A. Met in Prince Albert

Nurses from sixteen centres in the province met in Prince Albert on June 14 and 15, 1945, when the twenty-eighth annual meeting of the Saskatchewan Registered

Nurses Association was held. For the third time, the Association was privileged to have convention headquarters at the Sanatorium where every facility was placed at their disposal. The personal interest of Dr. and Mrs. R. W. Kirkby and Mrs. M. Stephen, and of the staff at the Sanatorium, was reflected everywhere.

For the first time in the history of the Association, at least one student from each school attended the meeting. A special session for student nurses was held the first day under the guidance of Miss E. Worobetz when "The Students' Responsibility for the Social Life of the School" was discussed.

Following the invocation, and the address of welcome given by His Worship Mayor G. E. Brock, to which Mrs. G. Droppo, president of the Moose Jaw Chapter, responded, the morning session was devoted to business when reports were presented. These were mimeographed and a copy given to each delegate, the highlights only being discussed by those responsible for them. It is hoped that the folios will serve as useful references during the coming year.

Miss M. Diederichs presided at all sessions. As a result of her recent contacts with the Executive Committee of the Canadian Nurses Association, Miss Diederichs was able to bring much that was of special interest to the delegates. In her inspiring address she spoke of the need for new solutions to meet new problems in a changing world and appealed for the active participation of every nurse in meeting these.

Business sessions of the three Sections were held on the first afternoon, followed by a discussion on "Our Profession, Today and Tomorrow" lead by Misses M. Chisholm, E. Smith and E. James, representing the three Sections. A marionette show, demonstrating play therapy and a possibility for a publicity program, was given by high school students under the direction of Mrs. R. A. Spencer, Saskatoon, as the concluding event of the afternoon.

The second day of the convention Mr. F. A. McKinnon, Staff City Park Collegiate, spoke on "How Well Do You 'Rub Elbows'". This was followed by an address given by Mrs. Elda Cameron entitled "Nurses as Citizens". Out of these very stimulating addresses discussions took place on the value of a health teacher in a school of nursing, whose functions would be enlarged to include care and direction of the entire health, recreational and social program in a school; also the teaching of public health to students from the time of their entry into the school. The value of a sports and recreational program in which individual nurses, rather than picked teams, would participate as a matter of choice was also stressed. The exhibit on display was referred to as including handicrafts which nurses might well develop.

A lively presentation of "Nursing Needs a Press Agent" was given by Mr. E. Parker, Promotional Director of Adult Education in Saskatchewan. This was ably supported by Miss Grace Giles who spoke on "The Nurse as a Press Agent". Misses Lorena McColl, Mary Bohl and Mrs. Verna McCrory gave a delightful presentation of *The Canadian Nurse* as a professional ally.

At the closing session a special resolution of appreciation was recorded to Miss M. Diederichs who retired from the office after four years during which she has served the Association and profession untiringly. In this resolution Miss Diederich's contributions were referred to as very special ones, the lasting effects of which would be reflected in many future developments of the Association and profession. On behalf of the Association Mrs. D. Harrison, the newly-elected president, presented Miss Diederichs with a compact and scroll on which the resolution of appreciation was inscribed.

The following officers were elected: president, Mrs. Dorothy (Cotton) Harrison, Saskatoon; first vice-president, E. Pearston, Fort Qu'Appelle; second vice-president, M. E. Pierce, Regina; councillors: Rev. Sr. Irene, Prince Albert; M. E. Thompson, Regina; section chairmen: General Nursing, Mrs. Verna McCrory, Prince Albert; Hospital and School of Nursing, Alice Ralph, Moose Jaw; Public Health, E. Smith, Regina.

The preparations made for the meetings by the Prince Albert Chapter, under the leadership of the president, Mrs. Verna McCrory, and Mrs. G. Josephine Zakus, secretary, were in keeping with the record already set by nurses in this hospitable centre. Both graduate nurses and students left with a feeling of warm appreciation and look forward to a reunion in Moose Jaw in 1946.

K. W. Ellis
Registrar, S.R.N.A.

Postwar Planning Activities

Contributed by

POSTWAR PLANNING COMMITTEE OF THE CANADIAN NURSES ASSOCIATION

Opportunities in D. V. A. Hospitals

Postwar planning for nurses and nursing services is now becoming more realistic in many respects. The brochure of information for demobilized nursing sisters, prepared by the Postwar Planning Committee, is now in circulation and can be secured from all provincial nurses associations. We are glad to know, through letters received by our president, that the information contained its serving its purpose in assisting nursing sisters to re-establish themselves following demobilization.

It is gratifying to know that so many returned nursing sisters are taking advantage of the financial aid provided by the Federal Government for educational purposes and are enroling in university schools across Canada. In many ways they will be better prepared to meet the great challenge of nursing services that exists throughout the country.

Facilities in mental and tuberculosis hospitals, particularly, are being rapidly expanded to meet an urgent need, and provision for hospitalization and rehabilitation of veterans is well underway. Personnel and nursing needs in these hospitals, administered by the Department of Veterans Affairs, are very important considerations.

Miss Agnes J. Macleod, newly appointed Matron-in-Chief for Director General of Treatment Services, Department of Veterans Affairs, wishes to bring to the attention of the nursing public, and particularly to nurses returning from overseas, the need for nurses in Veterans Affairs hospitals.

In the near future a nursing bulletin will be issued by the Department of Veterans Affairs bringing to nurses information regarding the special phases of medical treatment work. Until such information is available nurses, who are interested in applying for positions in hospitals under the Department of Veterans Affairs, should note the folowing points:

All appointments are made by the Civil Service Commission; application forms in English or French are obtainable in local post offices of larger towns and cities, district offices of Civil Service Commission, or in Ottawa, and in all Department of Veterans Affairs offices. Applications are sent in duplicate to the District Civil Service Commission. The Civil Service Commission reviews applications and keeps a list of eligible nurses for vacancies in particular districts.

Information as to classification for grading, including duties, qualifications and salaries, will be shown in detail in the forthcoming bulletin, as well as reference to extra allowances, csot of living bonus, uniform allowance, vacation, hours of duty, and other points of interest.

The year ahead will be one of rapid change and adjustments in all fields of nursing. Provincial nurses associations will carry increasing responsibility in their attempt to supply qualified nurses for administrative and supervisory positions, in meeting the increasing needs for adequate nursing in hospitals and in the public health nursing fields.

Nursing Education

Contributed by

COMMITTEE ON NURSING EDUCATION OF THE CANADIAN NURSES ASS'N.

The Accreditation of Schools of Nursing

At the meeting of the Executive Committee of the Canadian Nurses Association in Montreal at the end of May, following the discussion of recommendations from two provinces, this motion was passed:

That the Canadian Nurses Association approve the principle of accreditation for schools of nursing in Canada, and that the Committee on Nursing Education be asked to initiate a plan of action as quickly as possible.

The dictionary defines "accredit" as "to vouch for; to furnish with credentials"; and accreditation as "the action of accrediting or being accredited; authoritatively sanctioned". This sanctioning could result either from meeting a legal requirement; or it could be voluntarily sought by a school which endeavoured to meet certain professional standards.

It will be noted that our nursing schools have a certain amount of statutory accreditation through the inspection which is carried on provincially. This, however, merely checks on absolutely minimum standards and we know that there is still great variation in the standards of schools within each province.

The accreditation which is being discussed now by the Canadian Nurses Association is for all Canada, and its object is to raise the standard of nursing service throughout the country. The purposes of such a program have been defined by American authorities to include the stimulation of the improvement of nursing education by defining desirable standards for nursing schools; the encouragement of those responsible for nursing schools to meet these standards; assisting prospective nursing students in selecting nursing schools; obtaining information which will be useful in educating professional and lay groups regarding nursing education.

Schools would apply voluntarily to be accredited against certain broad definite standards which would cover all aspects of the school. Thus accreditation would consider not only details of the curriculum, but such matters as the organization and administration of the school; the school building; teaching facilities; teaching staff; students; living and working conditions for students; the curriculum.

The Education Committee hopes to present a plan for accreditation to the Executive Committee this autumn.

An Omission

Due to an oversight, the certificate course in public health nursing at the University of Montreal was omitted from the list which appeared on the Nursing Education Page in the July 1945 issue of the *Journal*. This course for the French-speaking nurses covers one academic year. We regret that no mention was made of this course.

Interesting People

Agnes Jean Macleod, R.R.C., has recently returned from overseas service with the R.C.A.M.C. to become the matron-in-chief with the Department of Veterans Affairs. She will be responsible for the nursing service in all of the hospitals and treatment institutions sponsored by the Department.

After graduating from the University of Alberta with her B.A. and B.Sc., Miss Macleod put her normal school training to good effect by acting as instructor in two Alberta schools of nursing. In 1932, she received her M.A. from Teachers College, Columbia University, and spent the next five years in the teaching department at the Vancouver General Hospital. At the time of her enlistment in the R.C.A.M.C. in 1940, Miss Macleod was director of the School of Nursing in the University of Alberta.

As principal matron, Miss Macleod saw service in Sicily, where she was wounded, in Italy and later in France and Belgium. Miss Macleod was awarded the Royal Red Cross for meritorious service.

AGNES J. MACLEOD

Prior to going overseas Miss Macleod was very active in provincial and national nursing association work. She was chairman of the national nursing education section at the time of her enlistment, and also chairman of the committee on nursing of the Canadian Hospital Council.

Lucile Petry, Director of the Division of Nurse Education, United States Public Health Service, recently received honourary degrees from Adelphi College, Garden City, New York, and the University of Syracuse, New York.

The degree of Doctor of Humane Letters was conferred upon Miss Petry by Adelphi College on June 6. At the ceremony dedicating the new school of nursing building at Syracuse University on June 7 Miss Petry was awarded the degree of Doctor of Laws.

Miss Petry is a graduate with honours of the University of Delaware, of Teachers College, Columbia University, and of the Johns Hopkins Hospital School of Nursing. In July, 1943, she became the first woman director of a division of the United States Public Health Service, and leader of the largest uniformed women's organization in the United States, the U. S. Cadet Nurse Corps.

In presenting the honourary degree of Doctor of Laws, Chancellor William P. Tolley, of the University of Syracuse, cited her for her "work on programs of far-reaching significance for the health of the Nation, striving always with courage and clear vision born of a dauntless belief in the social importance of the nurse . . . and labouring to bring about the highest standard in the care of the sick, in public health and in nursing education".

Maude H. Hall, assistant superintendent, Victorian Order of Nurses for Can-

Underwood & Underwood, Washington
LUCILE PETRY

ada, was recently awarded a Rockefeller travelling grant and spent several weeks visiting various public health and visiting nursing organizations in the United States.

Born and educated in Ontario, Miss Hall is a graduate of the Johns Hopkins Hospital School of Nursing and took post-graduate training in public health nursing at the University of Toronto and at Teachers College, Columbia University.

Miss Hall has had an interesting and varied career in nursing both in this country and the United States. During the first world war, she served in France as a nursing sister with Base Hospital No. 18, the Johns Hopkins Unit. After the war, she worked with the Massachusetts Halifax Health Commission and then with the Toronto Department of Health for two years. Following this, Miss Hall was appointed supervisor of the Instructive Visiting Nurse Society in Washington, D.C., and then became director of the Visiting Nurse Association of Holyoke, Mass. In 1928 she joined the staff of the Public Health Clinic of Dalhousie University. In 1930 she became assistant superintendent of the Victorian Order of Nurses for Canada. During the four years that Miss Smellie was Matron-in-Chief of the R.C.A.M.C. Nursing Service, Miss Hall served

MAUDE H. HALL

as chief superintendent of the Victorian Order of Nurses.

Because of the extensive student affiliation program of the Victorian Order, one of Miss Hall's chief interests during this observation period was student affiliations for both graduate and undergraduate nurses. Her travels took her to Detroit, Battle Creek and Lansing in Michigan; to New York City; to Hartford, Conn., and to Boston, Mass.

Lillian J. Johnston has been appointed chief nurse, Health Division of UNRRA. Since March, 1944, Miss Johnston has been serving as acting chief nurse. As

UNRRA Photo
LILLIAN J. JOHNSTON

chief nurse she will maintain contact between UNRRA and other organizations concerned with nursing on an international scale, such as the Rockefeller Foundation, International Council of Nurses and the Nightingale International Foundation. Miss Johnston will be responsible for the qualification standards to be used in the recruitment of all American and Canadian nurses for UNRRA. She will work also in conjunction with the European Regional Office to secure competent French and other native European nurses to help in UNRRA's nursing program.

Miss Johnston graduated from the Hartford Training School for Nurses and Teachers College, Columbia University. Before her appointment to the UNRRA office she was a Senior Public Health Nurse with the Office of Foreign Relief and Rehabilitation Operations, a subdivision of the State Department instrumental in setting up UNRRA's initial organization. Previously she worked in the Public Health Service in New York as consultant to the Office of Civilian Defense to promote plans for nurses to take part in the Emergency Medical Service in New York, New Jersey and Delaware. She was county supervising nurse in the Westchester County Health Department, in White Plains, New York, and a staff nurse at the Springfield Visiting Nurse Association in Springfield, Mass.

MATILDA R. DIEDERICHS

The many friends of **Lyle M. Creelman** will be interested to know that she has recently assumed the duties of chief nurse, Health Division, UNRRA in charge of the work in Germany. Miss Creelman has been associated with the London office of UNRRA for the past few months. Prior to proceeding overseas, Miss Creelman was director of the nursing service with the Metropolitan Health Committee in Vancouver.

Matilda Rose Diederichs, who has been instructor of nurses at the Regina Grey Nuns' Hospital for the past nine years, has accepted a similar position with St. Joseph's Hospital, Victoria, B.C., instructing in the science subjects. A graduate of St. Paul's Hospital, Vancouver, Miss Diederichs received her certificate in teaching and supervision in schools of nursing from the McGill School for Graduate Nurses. In addition, she has taken courses in x-ray technique and physiotherapy with the Victor Corporation in Chicago.

Miss Diederichs has made an outstanding contribution to nursing during her years in Saskatchewan. She served in various capacities in both local and provincial association work, notably as president of the S.R.N.A. from 1941-45. Her broad understanding of nursing needs and her ready willingness to assist wherever possible have proved a strength during these difficult war years. We wish her well in her new endeavours.

Dorothea Shields, having completed a period of observation and study with the Kellogg Foundation in Michigan on a scholarship, has returned to the Metropolitan Health Committee Service in Vancouver as consultant in communicable disease control.

Miss Shields, a native of Ontario, graduated from the Winnipeg General Hospital and received her public health certificate from the University of British Columbia. After two years of specialling, she joined the nursing staff of

the Vancouver School Board. When the amalgamation of the health services in the metropolitan area of Vancouver took place Miss Shields continued as a staff nurse until 1942 when she became one of the Unit supervisors.

Charlotte Graham Crowe has undertaken an exceedingly interesting piece of work as instructor in the new affiliation course for student nurses organized by the Saskatchewan Anti-Tuberculosis League. Graduating from the Regina General Hospital, Miss Crowe served for a year as resident nurse at Regina College. After she received postgraduate training in tuberculosis, she was placed in charge of the orthopedic ward at Fort Qu'Appelle Sanatorium. For the past three years she served as supervisor of the operating room at that sanatorium. Miss Crowe broadened her qualifications for this interesting new work by recently taking the course in teaching and supervision at the University of Manitoba.

Miss Crowe believes in having an absorbing hobby. She is interested in petit point designing and needlework.

Davidsons, Winnipeg

CHARLOTTE G. CROWE

After nearly a quarter of a century of faithful service as public health nurse in Welland, Ontario, **Anna Mary Oram** has retired from active work. Born in Ontario of Scottish-English parentage, Miss Oram graduated from the Toronto General Hospital in 1913. From 1915-19, during the first world war, she served as a nursing sister with No. 4 Canadian General Hospital, University of Toronto Unit, in France, Dardanelles, Malta, Salonika and Canada. On her return to civilian nursing Miss Oram joined the first class in public health nursing given at the University of Toronto. Her assignment to infant welfare work in Welland followed graduation. Upon her retirement, numerous presentations were made to Miss Oram, the most interesting of which was a tribute from the mothers of Welland whom she had assisted so ably throughout the years, a gift of enough Victory Bonds to go a long way towards the purchase of a car when they are available.

Miss Oram has always been very active in nursing association work. At present she is second vice-chairman of District 4, R.N.A.O., and also councillor for the Niagara section of this district. With release from her official duties, Miss Oram will have more time to devote to her beloved books and her friends, her flowers and her home. We wish her joy in her retirement.

Hannah Elizabeth Smith, who has served with the Ontario Department of Health for twenty-five years, retired at the end of June. A native of Halton County, Ontario, Miss Smith graduated

ANNA M. ORAM

H. ELIZABETH SMITH

from the Roosevelt Hospital, New York City, in 1917. A year of institutional work preceded her entry into the public health field where her activity commenced with the Health Department of Toronto. The following year, Miss Smith transferred to the Ontario Red Cross Society and organized a generalized program in the Danforth area. Her activity following her appointment to the Ontario Department of Health was to pioneer in the development of public health nursing services in isolated communities. In 1925, her work took her to the Township of Teck, which included Kirkland Lake. It is a tribute to her organizing ability that today, twenty years later, a full-time health unit with five public health nurses flourishes in this area. Nine months after her introduction to Northern Ontario, Miss Smith moved to New Liskeard where her territory covered an immense area. She averaged seven thousands miles of travel by motor during the summer months.

Despite her busy program, Miss Smith found time for nursing association work. She was chairman of District 9, R.N.A.O., for six years and played a prominent role in stimulating the formation of chapters in seven centres.

Retiring now to her home in Oakville, Miss Smith will have time to indulge in her greatest delight, working in her garden. Her many friends join in a sincere wish that she may long enjoy the rich contentment to which her years of activity entitle her.

At its annual meeting this year, the Saskatchewan Registered Nurses Association decided to make provision for honourary members to include all nurses who, having served long and faithfully, are retiring from professional activity after having been members for twenty years or more, and also charter members whose names appear in the act of incorporation. The following nurses were named as honourary members at this time: **Jean Browne, Jean Wilson, Effie Feeny, Ruth Hicks, Ellen Love, Ruby Simpson, Helen Walker, Elizabeth Van Valkenburg, Norah Armstrong, Madge Berry, Margaret McGill,** and **Catherine Isabel Stewart.** To each of these we offer our sincere congratulations.

Obituaries

On June 11, 1945, at "Hope", 17 St. Paul's Road, Paignton, England, **Emily Cooper,** aged 88, passed peacefully away. A graduate of the Montreal General Hospital, Class of 1892, Miss Cooper was the first graduate nurse to be appointed superintendent of nurses at the Montreal Maternity (1892-1896). She and her sister, Miss Emma, a graduate of the Royal Victoria Hospital, studied massage in Philadelphia and returned to Montreal where they practised their profession until 1909 when they returned to England.

Mrs. Elisabeth Masse, a graduate of the School of Nursing of the Notre Dame Hospital, Montreal, died recently after a lengthy illness. Mrs. Masse was with the Mount Royal Nursing Staff (Montreal)

of the Metropolitan Life Insurance Company Nursing Service for over twenty-four years.

Vera MacDonald, a graduate of the Halifax Infirmary, Halifax, N. S., Class of 1942, who joined the No. 4 Canadian General Hospital Unit in January, 1944 and went overseas in June of that year, was fatally injured in a car accident while on a pleasure trip in Franborough, England. Miss MacDonald was a graduate of St. Anne's high school Glace Bay, N.S. She was president of her class at the hospital, was bright, vivacious and a general favorite with both nurses and patients.

M. Edna Baird, of Woodstock, Ontario, died recently. She was graduate of the School of Nursing of the Royal Victoria Hospital, Montreal.

Ontario Public Health Nursing Service

Mrs. Marion (Granger) Greenwood (Vancouver General Hospital and University of British Columbia) has accepted an appointment with the Swansea Board of Health.

Helen Gardner (St. Luke's Hospital, New York City, and University of Toronto public health course) has accepted the appointment of senior nurse in the Huron County School Health Service.

Mrs. Susannah Childerhose (Connaught Training School for Nurses, Weston, and University of Western Ontario public health course) has been appointed senior public health nurse at Woodstock.

Mrs. H. D. (Jackson) Rice (Toronto General Hospital and University of Toronto public health course) has resigned her position with the Woodstock Board of Health.

Rita Sutcliffe (Hospital for Sick Children, Toronto, and McGill University public health course) has resigned her position at Swansea to accept the appointment of senior nurse in the Halton County School Health Service.

Marion Thompson (Toronto General Hospital and University of Toronto public health course) has resigned her position with the Peel County School Health Unit to accept an appointment with the Windsor Department of Health.

Helen Larkin (New York Hospital and University of Toronto public health course) has resigned her position at Kenora to accept the appointment of public health nurse at Parry Sound.

Isabel Pringle (Guelph General Hospital and University of Western Ontario) who has recently returned from overseas service with the R.C.A.M.C., has accepted an appointment with the Windsor Department of Health.

Bessie Skinner (Toronto General Hospital and University of Toronto public health course) has resigned her position with the Guelph Board of Health to accept the appointment of public health nurse at Simcoe.

Mrs. Mary MacPherson (Johns Hopkins School for Nurses, Baltimore, and summer course in school nursing) has accepted an appointment with the Owen Sound Board of Education.

Hilda Vohman (Grace Hospital, Toronto, and University of Toronto public health course) has resigned her position as public health nurse at Ajax to accept an appointment with the Lincoln County Health Unit.

Louise Steele (Memorial Hospital, Worcester, Mass., and Western Reserve University, Cleveland, public health course) has accepted the position of supervisor with the Durham and Northumberland County Health Unit.

The following graduates of the public health nursing course at the University of Toronto have accepted appointments: *Anne Gibson* (Toronto General Hospital) with the Halton County School Health Service; *Edna Hulse* (Women's College Hospital) with the Division of Epidemiology, Province of Ontario Department of Health; *Eileen Morris* (St. Michael's Hospital, Toronto) with the Oshawa Department of Health; *Mrs. Mary Black Fraser* (University of Iowa School of Nursing) with the Division of Epidemiology, Ontario Department of Health; *Eleanore Mason* (Hamilton General Hospital) with the United Counties Health Unit.

The following graduates of the public

health nursing course at the University of Western Ontario have accepted appointments: *Joyce Hankinson* (Brantford General Hospital) with the Brantford Board of Health; *Janet McDonald* (Victoria Hospital, London) with the Lincoln County Health Unit; *Dorothy Stone* (Brantford General Hospital) with the Oshawa Board of Health.

Mildred Haberer (Stratford General Hospital) and *Jean Falconer* (Kitchener-Waterloo Hospital) with the Huron County School Health Service.

P.E.I. Registered Nurses Meet

The annual meeting of the Prince Edward Island Registered Nurses Association was held in May and it was our good fortune to have as a guest, Miss Electa MacLennan, from National Office. After the presentation of some reports, Miss MacLennan explained them more fully and helped broaden the picture for us. She spoke also on some national problems. Other speakers included Dr. Wendell MacDonald who spoke on "X-Ray Therapy" and Mr. Lloyd Shaw who gave an interesting discourse on "General Education in Prince Edward Island".

Previous to the meeting the sections met concurrently and discussed the problems relevant to each. An enjoyable supper was served by the Ladies Aid of Zion Church.

The following officers were elected: president, Dorothy Cox; vice-president, Mildred Thompson; secretary, Helen Arsenault; registrar-treasurer, Sr. M. Magdalene; section chairmen: Hospital and School of Nursing, Sr. M. Irene; General Nursing, Mary Lannigan; Public Health, Sophie Newson.

We are looking forward to the time when the nursing sisters will be returning to our provincial association to continue the advance of our work.

HELEN ARSENAULT
Secretary, P. E. I. R. N. A.

Scholarships in Public Health Nursing

The Quebec Provincial Division of the Canadian Red Cross Society offers scholarships, of the value of $500 each, to nurses, who are graduates of approved schools of nursing, in order that they may pursue the course of one year in Public Health Nursing at any one of the schools for graduate nurses conducted under the auspices of the Universities of the Province of Quebec.

Essential Qualifications:

1. The candidate must produce a letter from the director of the school for graduate nurses stating that she has met all the requirements of the University for admission to the course in public health nursing.
2. She must possess a strong physique and good health.
3. She must give proof of personal aptitude for community service.
4. She must furnish a certificate of University matriculation or provincial high school leaving certificate (Grade XI) with an average of 60 per cent.
5. She must be willing to sign a contract to serve in a Red Cross Nursing Outpost or in a public health nursing field designated by the Red Cross for a period of two years immediately following graduation from the University.

Desirable Qualifications:

1. Previous nursing experience under supervision.
2. Bilingualism.

For further information address: The Commissioner, Canadian Red Cross Society, Quebec Provincial Division, 3416 McTavish St., Montreal 2.

Preview

Complementing the discussion of the relationship between the hospital and the public health department which was opened in our July issue, Miss Violet Carroll will describe the operation of the hospital health service plan in Toronto in our next issue.

STUDENT NURSES PAGE

Abdominal Perineal Resection

JOYCE WALKER

Student Nurse

School of Nursing, Victoria General Hospital, Halifax.

Mrs. A. entered hospital August 3, 1944. She was a tall, rather stout, pale-faced woman, sixty-three years of age. She was not unduly nervous about entering the hospital as her daughter, who is a nurse, had prepared her for much of the investigation and treatment and had accompanied her to the city. She was born and had lived all her life in a little village. She had always been fairly well, had had no operations and only one serious illness, infantile paralysis, when a young child, which had left her right arm paralyzed. Apparently this did not handicap her greatly as she had borne and raised eleven children.

Her complaints were the following: passing blood and mucus per rectum; discomfort and pain from abdominal gas. For many years she had suffered from constipation which required the constant use of laxatives. In the past two years she experienced a feeling of fullness in the rectum and on efforts to defecate only passed gas and mucus which did not relieve the desire to defecate. In April, 1944, she noted blood in the stool and throughout the early summer blood was seen in small quantities. On July 17, 1944, she had a severe hemorrhage and was greatly alarmed. She consulted a doctor who recommended hospitalization for observation. There was no further bleeding up to the time of admission to hospital.

Her history was essentially negative, the only history of cancer in her family being a maternal uncle. In the physical examination nothing in the way of abnormal findings were obtained. Her blood pressure was high, systolic 190 and diastolic 100. There was nothing abnormal found in the urine and the blood counts were favourable. The rectal examination revealed a dense constricting band surrounding the rectum, which bled readily on being touched.

On August 8, 1944, a colostomy was performed. A blood transfusion was given and the patient's condition was good. On August 12 the colostomy was opened by cautery and considerable flatus was expelled which afforded Mrs. A. relief. Colostomy irrigations (saline) were begun on August 14, and were given daily thereafter. She was advised what foods to eat to avoid frequent defecation and also how much fluid to take. Constipation was troublesome at first but her bowels soon moved well with irrigations.

On September 12, the second operation, abdominal perineal resection, was performed. A midline incision and a perineal incision were made in order to free and remove the whole lower rectum. The perineal incision was packed with gauze and the midline incision was sealed with a collodion dressing. She received 1500 cc. citrated blood on

return to the ward. The perineal packing was gradually removed over a period of several days. When the packing was all removed the wound was irrigated twice a day with normal saline through a catheter inserted in the sinuses. There was considerable purulent drainage for sometime from two sinuses. Later the irrigation solution was changed to half strength Dakin's. The colostomy was irrigated daily with saline. The midline incision healed well with no signs of infection. About three weeks after the operation the patient received hot sitz baths. The sinuses gradually healed and the irrigations and baths were then discontinued.

Mrs. A. was unable to void for twenty-two days following her operation. It was necessary to catheterize her q6h. Hot compresses to vulva, prostigmine, and other methods were used to induce voiding but to no avail. The bladder was irrigated daily with potassium permanganate 1:8000 solution and argyrol 5 per cent instilled. Sulfathiazole was given to prevent cystitis.

Ferrous sulphate grs. III was given once a day and a high vitamin, high caloric diet. The patient made an excellent recovery and left the hospital undaunted by the fact that she had a permanent colostomy which was probably because she knew her daughter was going to take care of her and none of the responsibility for the irrigation and dressing need fall on her.

Royal Alexandra Nurses Choral Club

L. Olynyk

One of the most interesting and popular extra-curricular activities carried on in the school of nursing at the Royal Alexandra Hospital, Edmonton, Alberta, is the Nurses Choral Club. For nearly eight years now, student nurses numbering from thirty to fifty have gathered together once weekly in the reception room of the nurses home to spend the evening in song.

Although few of the members possess outstanding talents as singers, under the excellent guidance of their leader, Mr. G. A. Kevan, F.T.C.L., A.C.C.O., the Choral Club has built up a widespread reputation for its pleasing quality of tone. This task has not been easy because of the constant changing of the members as they progress through their training.

The original purpose of the organization was to provide fun and fellowship for its members; however, many people outside of the Club have received pleasure as well. In our own hospital each Christmas morning both patients and staff have been cheered by the strains of Christmas carols sung by the group. A concert for the tuberculosis patients is another annual event.

Several radio broadcasts have been given during each season and these have been very favourably received by the public. Singing at the graduation exercises, at a nurses re-dedication service, and at Robertson United Church are other highlights of the year. The club has also had the pleasure of singing at the provincial I.O.D.E. convention, and last year at the national convention of the I.O.D.E. In the provincial musical festival the Choral Club has won warm praise with its adjudication and, in 1941, the T. Eaton Shield was brought to the Royal Alexandra Hospital.

What is "Acid-Moisture"?

How Z. B. T. Baby Powder Helps to Resist Moisture Dermatitis in Infants

Dermatitis in infants brought about by wet diapers, clothes and bed clothes is a common and troublesome condition. Because of it the busy physician is often faced with questions from anxious mothers. While normally acid because of uric acid content ($C_5H_4N_4O_3$), urine is sometimes converted into an alkaline irritant in the "ammoniacal diaper" by urea-formed ammonia (NH_3).

On the basis of simple mechanical protection, the use of Z.B.T. Baby Powder with olive oil helps to resist moisture dermatitis. Z.B.T. clings and covers like a protective film—lessens friction and chafing of wet diapers and shirts. The mechanical moisture-resisting property of Z.B.T. may be clearly demonstrated. Smooth Z.B.T. on the back of your hand. Sprinkle with water or other liquid of higher or lower pH. Notice how Z.B.T. Baby Powder keeps skin dry as the drops roll off. Compare with any other baby powder.

Z. B. T.—the only baby powder made with olive oil

McDermid Studios, Edmonton

Miss Margaret S. Fraser, superintendent of nurses, and Mr. G. A. Kevan, the director, are shown with the choir.

An outstanding item in the history of this group was the purchase of a portable organ to be used in the hospital. Financially, the Club has done well, and has been able to contribute to the Red Cross.

All in all, the Choral Club has been a great success, and we are looking forward to greater accomplishments in the future. We also hope to see the appearance of Choral Clubs in many other hospital schools of nursing.

Letters to the Editor

UNRRA Girls Live the Hard Way

At Lamia in Greece a small group of people are doing a job of work of which very little or nothing has been told. One of them is Miss Heather Kilpatrick, UNRRA regional nursing consultant from Vancouver, Canada. Miss Kilpatrick is a graduate of the University of British Columbia, of the Vancouver General Hospital, and was director of Public Health Nursing of the Provincial Board of Health in Victoria, Canada. And another is Miss Ruth D. Ballam, American public health nurse, who has acted as a nursing field representative for the American Red Cross in Tennessee. Miss Kilpatrick is in charge of the nursing activities in the Region "A" Attica and Boetia, assisted by Miss Ballam and Miss Esther Gilbertson, also from the United States.

There are fifteen of them altogether, made up of these three UNRRA nurses, a team of eight from the British Red Cross Society, under the leadership of Dr. Lowe from the London County Council, and three International Service Guides. The Guides are distributing food and clothing. We ran into them driving their trucks through the town and later, dusty and tired, some miles out in one of the burned villages.

These girls live the hard way, far removed from the barest necessities of life.

ALIKE IN APPEARANCE — But—

Tiny bodies, externally alike, may differ basically in their requirements of Vitamin D. That is why Squibb Cod Liver Oil comes in two potencies—Squibb Cod Liver Oil for normal babies and Squibb Cod Liver Oil with Viosterol 10D for premature or rapidly growing infants.

● Today, as in 1875, Squibb Cod Liver Oil is helping babies build strong, healthy bodies. They didn't know it then—but now most people realize that it isn't the oil itself—but the vitamin content of the oil that counts.

Squibb Cod Liver Oil is twice as rich in vitamins A and D as oils just meeting official pharmacopeia requirements. Therefore your patients have to give their babies one teaspoonful only of Squibb's daily as against two teaspoonfuls of these less potent oils.

The high quality of Squibb Cod Liver Oil is the result of careful rendering and refining of specially selected livers. Excessive heating and exposure to air is avoided and the final oil is carbonated and bottled under carbon dioxide to avoid oxidation of vitamin A.

Squibb Cod Liver Oil supplies, per gram, 1800 Int. units of vitamin A and 175 Int. units of vitamin D. It is available in 4 and 12 ounce bottles either plain or mint-flavoured. Premature or rapidly growing infants need extra vitamin D and should therefore receive Squibb Cod Liver Oil with Viosterol 10D, which contains 3000 Int. units of vitamin A and 400 Int. units of vitamin D per gram.

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MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

UNRRA House, in which the three nurses live, is very bare and cold. "In Athens", Miss Kilpatrick said, "there is a wild scramble for a bath once a week. Here we are saved that trouble; we just don't have one at all". These girls live on Army rations; bread, margarine and jam. Tea is poured out of a huge enamel mug into earthenware cups with no handles. Bully beef and tinned salmon come up regularly in various forms and degrees of temperature. At night it is bitterly cold in the large bare bedrooms and one sleeps only if one can forget the chorus of countless barking dogs.

The girls start work at 8 a.m. There are a hundred-and-one unexpected tasks that they perform in a day. When we asked for a program of their daily round they laughed, "If we made a list", they said, "you can be sure that two-thirds of it will be scrapped for the dozens of little jobs that keep cropping up during the day".

Outside the gate at 8.30 a.m. people were already collecting. They were enquiring about clothing, where to find transport, a son had sore eyes, or a child was sick. A little blind boy, his head swathed in bandages, lay on the curb; his father stood helplessly by waiting for Miss Ballam to arrange for transport to take the child to Athens for treatment.

I had a feeling that these girls were expected to do anything and everything, including the performing of miracles. They are made of the right kind of stuff, and are dealing with each emergency as it arises.

During the bitter snows of February we learned that they did a very fine job treating the hundreds or more hostages and refugees from the mountains. Some refugees suffered from blistered feet; others from frost-bite and various other infections due to neglected cuts and wounds.

These girls cover an area of 268 villages between them, in which 68 per cent of the population are suffering from scabies and 70 per cent are suffering from chronic malaria and various forms of malnutrition. They bath and rub some 60-70 adults and children during a day with yellow sulphur ointment which the villagers have come to look upon as magic. "They feel cheated", said Dr. Lowe, "if they don't get any".

The villagers have come to love and respect these girls. Katina, the maid at UNRRA House placed her hands on the shoulders of Miss Kilpatrick and Miss Ballam, and said, "These are our friends everybody's friends". Watching the efficient but kindly face of Miss Kilpatrick and the serious expression on the face of Miss Ballam at the hospital as she talked to a patient, I knew what she meant.

The need in the Lamia area is great. The prohibitive price of soap makes any kind of washing a luxury. Scabies cannot be cured whilst the people have no soap or a spare garment to change into. Atabrine is needed for the many cases of malaria. Cod liver oil is needed for the children. The demand for sulphur ointment is such that the nurses use what they have as precious gold. More blankets and beds are needed for the homeless children at the burnt orphanage where they sleep on the floor. People have been driven, sick and maimed, like sheep in search of food and shelter. Entire villages are destroyed without a single house standing. And they still smile.

That is why a handful of girls remain fighting against tremendous odds, what must seem at times a losing battle. This is the true story behind the scenes in Greece today. The desperate need of Greece is not found in the false veneer of a half-dozen shops in Athens, where a few luxury goods are sold at ridiculous prices. Even these are not the true Athens. We could afford to buy such things in pre-war days; they were not perched in the windows like dummies just to be looked at as they are today. Out in the burned villages, where the patched and dirty rags reveal ricketic limbs and bleeding gums, that is where we see the aftermath of a tyranny such as the world has never known.

— ISABEL HUNTER.

Travelling Around

We seem to be doing a bit of travelling since May, 1944. We've known Cairo, Alexandria, then another sea voyage, but a short one to Italy. I really enjoyed the absolute contrast. The Middle East was so hot and dirty that we welcomed the sight of the olive groves and grape vines in the south, although it was very dusty. Driving about in everything from a jeep to a ten-ton truck our clothes were always caked with grey dust. Then we gave up our lovely blue uniform, of which I am very fond, and donned this horrible khaki which is much more practical for the type of work which

JOHNNY CANUCK RETURNS TO CIVILIAN LIFE —

And whether he needed hospitalization or not, he will probably have to go through a period of readjustment to normal living.

One legacy, which many will bring from the rigors of war, is a topsy-turvy digestive system — a "delicate stomach" — which, for some time, may interfere with normal eating habits and nutrition.

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we are doing. I enjoyed my short stay in Naples. From there I flew to Florence where we did a spot of work. Now we have given up city life and have retired to the country, living in a quaint old village way on top of the mountains. I'm quite certain they will never get us out of here after the trouble they must have had finding the place originally. Tiny winding strets, paved with cobble stones, but by far the cleanest spot I have seen in Italy.

Tomorrow I am going into Rome to visit the Red Cross. Must try to scrounge a bit of equipment for our theatre, but they have been very generous on previous occasions. I do hope a vehicle will be provided for transport then we may have time to do a little sightseeing before coming back to the hills.

Next week they are sending me back to Naples to a British hospital for a three weeks' course in special eye work. Most of the eye casualties are sent to a certain centre and, as a result, they get more experience than the rest of us; so one operating theatre nurse from each hospital will go down for three weeks and learn what they can. I do hope I pass the examination at the end of that time for it has been a long time since I've had to do "any book larnin'".

—Nursing Sister Justine Delmotte.

Book Reviews

101 Clinical Demonstrations to Nurses. by Hamilton Bailey, F.R.C.S. (Eng.) 136 pages. Published by E. & S. Livingstone Ltd., Edinburgh. Canadian agents: The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 1944. Price $3.00.

Reviewed by Elsie Allder, in charge of the Teaching Department, Royal Victoria Hospital, Montreal.

In this book, the author has assembled a collection of "demonstrations" as an introduction to the study of clinical surgery. There are fifty-one such "demonstrations", really brief explanations of conditions commonly seen in surgery, and more than ninety photographs or illustrations. Dr. Bailey states clearly that

the apparently haphazard arrangement of the collection is intentional. He has introduced clinical material from the simple to the more complex.

Each condition is described as though the surgeon were giving a clinic at the patient's bedside. The descriptions are concise and clear; essential material is well-worded and stimulating. The photographs, with accompanying diagrams and x-ray pictures, should help the student to form clear mental pictures of the conditions discussed.

The author explains terminology in an interesting manner which should be helpful in remembering new terms, for example:

Pott's Fracture-Dislocation, page 32: "Pott's fracture is better called Pott's fracture-dislocation, for there is usually a dislocation in addition to the fracture . . . In 1758, Percival Pott, surgeon to St. Bartholomew's Hospital, was thrown from his horse in the Old Kent Road. He sustained a fracture of his leg, and much of our knowledge of Pott's fracture-dislocation is due to the personal observation of his own case".

Graves' Disease, page 75: "The symptoms (as described) of exophthalmic goitre were first described adequately in Britain by Robert Graves, 1796-1853. He was a physician to the Meath Hospital, Dublin".

Charcot's Joint, page 116: "Jean Charcot created in the Salpetrière Hôpital, Paris, the greatest neurological clinic of all time. His Sunday morning demonstrations drew students from all parts of the world. He died in 1893".

This book should be helpful as a reference book for students taking surgical nursing classes. In a large hospital, it cannot be assigned to any definite course, as lectures in the various fields are entities, but might be more useful in smaller hospitals.

Human Anatomy and Physiology, by Nellie D. Millard, R.N., M.A. and Barry G. King, Ph.D. 514 pages. Published by W. B Saunders Co., Philadelphia. Canadian agents: McAinsh & Co. Ltd., 388 Yonge St., Toronto 1. 2nd Ed. 1945. Illustrated. Price $3.50.

First published in 1941, this second edition retains the general plant of or-

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ganization into the five major units which proved such a useful teaching method in the initial edition. Unit 1 discusses the body as an integrated whole; Unit 2 describes the erect and moving body, including the skeletal and muscular systems; Unit 3 deals with systems which are concerned with maintaining the metabolism of the body, including, circulatory, lymphatic, respiratory, digestive, glandular and excretory systems; Unit 4 pertains to reproduction of the human body; Unit 5 shows how the body is integrated and controlled by the nervous system.

Abundantly illustrated with excellent line drawings, the factual material is written in a lucid, direct style which makes for easy learning. Each new term is simply and convincingly explained: "Fibroblasts are the common connective tissue cells. They are called fibroblasts because it is generally believed that they are responsible for the formation of intercellular fibres". The information of each chapter is conveniently and concisely summarized, and two or three pertinent questions are included for further discussion on essential points. Several new topics, which were not treated in the first edition, have been added. This is an exceedingly useful, a different textbook in anatomy and physiology.

Pediatric Nursing, by Abraham Levinson, B.S., M.D. 299 pages. Published by Lea & Febiger, Philadelphia. Canadian agents: The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 3rd Ed., rewritten and reset. Illustrated. 1945. Price $3.45.

Reviewed by Madeleine Flander, Instructress, Children's Memorial Hospital, Montreal.

The author covers, in a little space, practically every unit of pediatric practice and pediatric nursing. This he has done by a direct, clear and concise presentation. The reader is left with the impression that here is a good summary of a vast subject, a summary in which all of the important points have been included without detail or elaboration.

The material is arranged in three

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parts. Part 1, General Considerations of the Child in Health and Disease, includes the newborn, growth and development, care of the premature, infant feeding, methods of examination and of treatment. These last two chapters, methods of examination and of treatment, are particularly helpful since they outline the common diagnostic procedures and discuss drugs commonly used in pediatric practice, including the sulfonamides and penicillin. In Part 2, the diseases of infancy and childhood are outlined in relation to the systems of the body. There is also inclusion of allergic and deficiency diseases and general considerations of the communicable diseases. In the last section, Psychologic and Sociologic Aspects of Child Nursing, the students' attention is directed to the expectant and perplexed mother and to the management of the "kind" grandmother. Thus with the discussion of the psychology and art of child nursing, the patient is seen as an individual and as a member of a family. This part of the text is short and concise as are the preceding chapters, but is valuable and interesting.

This book gives the bare essentials of pediatrics and of pediatric nursing. It is well illustrated throughout.

Skin Adhesive

Seldom is there richer reward for industrial research chemists than the knowledge that they have contributed in some way to the advance of medical or surgical technique.

A recent example of such a contribution is the development by chemists of the Paint and Varnish Division, Canadian Industries Limited, of a new adhesive cement for use in skin grafting. The story is told in the *Canadian Medical Association Journal* by Dr. J. W. Gerrie, in charge of the Plastic Surgery Centre, Montreal Military Hospital.

The need for an adhesive cement with special properties arose in 1939 when a

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new method of cutting skin grafts was introduced in Canada. The new method consisted of applying an adhesive liquid to the skin surface and to a metal drum or plate which lifts the skin, enabling a graft of known calibrated thickness and desired size to be cut. The graft is then removed from the metal and placed in its new position.

The "adhesive" method had several advantages over older techniques for cutting skin grafts, but no available cement was without some practical disadvantages. Some of the properties required in the cement were that it could be easily applied in a thin, even film, would be non-irritating, sterile, readily diluted, easily removed from skin surfaces and instruments, non-corrosive to metal and would quickly become "tacky". A further extremely desirable quality was that it should have a greater affinity for metal than for skin to facilitate removal of the graft from the instrument.

"Canadian Industries Limited was approached and the problem placed before them," Dr. Gerrie states. "By trial and error over a period of nearly two years a liquid was finally evolved which belongs to the pyroxylin or nitrocellulose family of adhesives. This has given outstanding satisfaction and fulfilled the qualifying essentials enumerated above".

Dr. Gerrie goes on to state that bacteriological studies were conducted at the laboratories of the Montreal General Hospital and the cement declared safe for clinical use. "It was put into clinical use at the Montreal General and St. Mary's Hospitals, where several advantages over previously used media soon became obvious. The outstanding advantage lies in the fact that the cement has a greater affinity for metal than it has for skin. Upon removing the graft from the metal drum or sheet the adhesive appears to cling to the metal, leaving the skin surface clean and free".

The Company's chemists also suggested methyl acetate as a diluent and cleanser, and this, too, has been found entirely satisfactory.

The timeliness of this development needs no emphasis. Never has there been greater or more widespread need for the surgeon's skill in mending bodies that have been damaged and scarred. Small wonder that any who have had a part in providing the tools and materials needed to carry on this work should be filled with pride and satisfaction.

—*C-I-L Oval.*

Alberta Department of Public Health

The following are the staff appointments to, transfers and resignations from the Provincial Public Health Nursing Service of Alberta:

I. Jean Farewell and *Frances Smith* were recently appointed to the New Brigden and Newbrook districts respectively. *Alice Thorneloe,* from Vancouver, was recently appointed to the Sunnynook district.

Elizabeth Wallwork was recently transferred from Sunnynook to Craigmyle district. *Dorothy Geeson* relieved at Worsley during the summer before returning to university this Fall to allow *Mrs. H. A. (Willis) Taylor* to take up her housewifely duties there. *Mrs. J. E. (Kaufman) McPhail* is at present staying on at Kinuso.

M. Blake resigned from the staff this winter and is at present at home in Kitscoty. *M. A. K. Davis* resigned as district nurse at Craigmyle and is now on the staff of the Foothills Health District, High River. *Thora McMullen* recently resigned from Rocky Mountain House to be married.

NEWS NOTES

MANITOBA

Winnipeg General Hospital:

Doris Wellar, supervisor of the operating room, is taking a post-graduate course in operating room technique at the Toronto General Hospital.

NEW BRUNSWICK

ST. STEPHEN:

At a recent meeting of the St. Stephen Chapter, N.B.A.R.N., routine business was transacted, the treasurer reporting the pur-

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THE RYERSON PRESS
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chase of a Victory Bond. An interesting letter was read from Mrs. Elsa Dunbar, head of the Empire and Foreign Dept. of Voluntary Services, London, England, thanking Chapter members for parcels sent to them. The June meeting was held at the home of Myrtle Dunbar and was in the form of a picnic supper. Each member brought clothing, soap, and other articles for parcels for Britain, which are to be packed immediately and sent to London.

Chipman Memorial Hospital:

One of the largest classes in recent years was recently graduated from the Training School of the Chipman Memorial Hospital. G. H. I. Cockburn presided and T. C. McNabb of Saint John was the guest speaker. Diplomas were presented by Dr. S. R. Webber and the school pins by Miss Reta Follis, superintendent of the training school. The Nightingale Pledge was administered by Archdeacon E. Hailstone and the invocation by Rev. D. C. McKenzie. Vocal solos were rendered by Mrs. Raymond Russell and Mr. Don Jamieson. A reception and dance was held later.

The annual meeting of the Alumnae Association of the Chipman Memorial Hospital was held at the cottage of Miss Annie Spinney at Oak Bay. Annual reports, election of officers and routine business was carried out. The members voted to present a thermometer to each member of the graduating class.

NOVA SCOTIA

HALIFAX:

Major Jean Nelson (Victoria General Hospital), Principal matron of No. 9 C.G.H., has been awarded the R.R.C. She recently returned to Halifax. P/M Nelson had the honour of taking over this hospital under Col. R. Forbes. Capt. M. B. MacNeill, R.C.A.M.C. (permanent forces), formerly Matron of Cogswell St. Military Hospital, has also been awarded the R.R.C.

Lieut. Muriel Graham, who went overseas in 1942 with No. 7 C.G.H., has returned to Canada and is stationed at Windsor, N.S. Lieut. Graham is on leave from the R.N.A.N.S. having been the registrar before enlisting.

Mrs. Vera J. MacKenley (Victoria General Hospital), widow of the late Archbishop MacKenley, has been appointed Dean of Women at Kings University and commences her duties this Fall.

A very enjoyable "At Home" was held recently in honour of nursing sisters recently returned from overseas. Mmes. A. L. Chaisson, J. O'Neil, H. Power, Misses A. Murphy, E. Trudel and E. Dunn assisted with refreshments and entertainment.

PRINCE EDWARD ISLAND

Through financial assistance from the Government Grant, the nurses were most fortunate in having this year an excellent refresher course in pediatrics conducted by Miss Madeleine Flander, instructor of nurses at the Children's Memorial Hospital, Montreal, and an Institute in Supervision by Miss M. Lindeburgh, director of the McGill School for Graduate Nurses. The attendance at both these courses far exceeded all expectations and all members present were greatly helped by the information that was given. The speakers were most generous of their time for informal discussions between sessions and did much to stimulate interest and enthusiasm among the members. At the latter course, two round table conferences, conducted by local nurses, and Miss Hazel Stearns, dietitian, illustrated very aptly many facts which Miss Lindeburgh had stated, and showed how co-operation amongst the staff is essential in promoting good nursing service.

At the conclusion of each course the speakers were presented with a token of appreciation and grateful thanks were extended for their untiring efforts in making the courses successful.

Charlottetown Hospital:

Sister M. Magdalene, registrar of the P.E.I.R.N.A., has issued registration certificates to twenty-five nurses who have completed the provincial exams for registration. Sister M. Irene, who has been attending the University of Toronto School of Nursing for the past year, has returned to C. H. to take up her duties as instructress of nurses. Reta Coady, who received a long-term bursary for study at the McGill School for Graduate Nurses, has completed the course in public health. Mae Morrissey, who took a post-graduate course in surgery at St. Michael's Hospital, Toronto, has been surgical supervisor at C. H. for the past seven months. Bernadine Morrissey has taken up her duties with the Mobile Unit of the Tuberculosis League. N/S's Joanne MacDonald and Mary Croken are spending furloughs at their homes, having been overseas for the past four years. N/S's Genevieve MacGuigan and Catherine Collings were recently married overseas.

P. E. I. Hospital:

The majority of our nursing sisters have been welcomed home from overseas. N/S Hattie E. MacLaine is receiving the congratulations of her friends, having been mentioned in despatches recently.

Jean Campbell has returned to the P.E.I. Hospital after completing a post-graduate course in surgery at the Royal Victoria Hospital, Montreal.

A time-proven reliable relieving aid for infant's simple constipation, teething fevers, stomach upsets. A boon to mothers and nurses as an evacuant in the digestive disturbances which often accompany teething or which sometimes follow a change of food, where prompt yet gentle elimination is desirable. Sympathetic to baby's delicate system. No opiates of any kind. Over 40 years of ever-increasing use speak highly for their effectiveness.

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If any subscriber has these issues in their possession and would be willing to sell them, kindly communicate with the **The Canadian Nurse, 522 Medical Arts Bldg., Montreal 25, P. Q.**

QUEBEC

Montreal General Hospital:

Seventy-three nurses recently received the medal and diploma of the Montreal General Hospital at the usual afternoon ceremony. Dr. F. J. Tees gave an excellent and inspiring address to the members of the graduating class. Col. Dorothy I. MacRae, R.R.C., Matron-in-Chief, R.C.A.M.C., presented the prizes. On the night previous to graduation, the Alumnae Association entertained the class at a delightful dinner. The guest speaker was Major General C. B. Price, C.B.E., D.S.O., who delighted the audience of two hundred guests with his observation of the splendid work achieved by the women of Great Britain during the war years. Mabel Shannon, president of the Association, was in the chair. We were pleased to welcome many nursing sisters that night, who had just returned from overseas.

Kathleen Clifford, surgical clinical instructor, recently spent ten days visiting the Presbyterian and St. Luke's Hospitals, New York, in a period of observation. Anna Christie and Mildred Brogan, instructors in nursing arts, also spent a period of observation at the Toronto General and Hamilton General Hospitals. N/S Catherine E. Doherty has accepted a position on the operating room staff at the Central Division. Miss Doherty recently returned from overseas where she served with No. 14 C.G.H.

It is with regret that we announce the retirement of Margaret Foreman as supervisor of the children's ward. Her place is taken by Elizabeth Colley whom we are pleased to welcome back. Flora Moroney, for the past two years health adviser and instructor, has also left the school. A tea was given in their honour and suitable gifts presented.

At a recent investiture in Ottawa, Lolita Best had the honour of receiving a decoration for her work in South Africa from the hands of Field Marshall Jan Smuts. In the King's Birthday Honour List, Dorothy Murphy received the Order of the Royal Red Cross, Second Class.

Royal Victoria Hospital:

The following resignations are announced: Elizabeth Hebb as charge nurse of the premature nursery, maternity pavilion; Pauline McKendry from the staff of the maternity out-door department; Geneva Purcell from the staff of the Ross Pavilion to become superintendent of the Brockville General Hospital.

Children's Memorial Hospital:

A successful "Swap Bingo" party was held recently by the Staff Nurses Association under the convenership of Laura Gray. A tennis tournament, including the staff nurses, affiliate student nurses, internes, and technicians, was concluded recently.

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A class room **Instructress** for a 120-bed hospital. Apply stating qualifications, experience and salary expected to:

The Superintendent, Stratford General Hospital, Stratford, Ont.

WANTED

A 26-bed up-to-date hospital is under construction in **Sackville, N. B.**, and the Hospital board is looking for a capable experienced nurse to act as **Superintendent.** Sackville is the home of Mt. Allison University, and is one of the most attractive towns in Eastern Canada. The Hospital will open about January 15, 1946, but the Board would like the Superintendent to be on hand **November 1, 1945,** or earlier to give advice. If interested please write:

Mr. Roy Durling, Hospital Board, Sackville, N. B.

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Elizabeth Wood (St. Boniface Hospital), who completed her post-graduate course in pediatrics at the C.M.H. in 1944, is back on the staff. Mrs. James (Soullière) Delaney has been granted two months' leave of absence. Norma Craig, Helena Vaughn, Hazel Needham, Anne Dubé, Marie Leclerc, Della Tozer and Mrs. G. Cuthbert have resigned.

SASKATCHEWAN

Maple Creek Chapter:

Blanche Treble, school nurse for the Maple Creek School Unit, is making her headquarters in Maple Creek. Mrs. Mitchell (Elizabeth Stephens, St. Boniface Hospital) has recently been welcomed as a member of the Maple Creek Chapter.

Regina Chapter:

Attending the recent S.R.N.A. convention in Prince Albert were: public health, E. Smith, R. Doull, M. E. Brown and M. Pierce; hospital and school of nursing, M. E. Thompson; Regina Grey Nuns' Alumnae, Mrs. W. Martin; Regina Chapter, District 7, Mrs. D. Weaver, E. Worobetz; representing Regina Grey Nuns' student nurses, D. Read, a student taking the combined course at the University of Saskatchewan and Grey Nuns' Hospital.

Grey Nuns' Hospital:

M. Diederichs, instructor, has resigned. She leaves shortly to take up new duties at St. Joseph's Hospital, Victoria. F. Chenier, assistant instructress, has also resigned to take up private duty. Olga Tiegen, of the children's ward, has resigned and is to be replaced by Miss LaMuir of St. Boniface Hospital, Winnipeg. Rev. Sr. Gervais has been appointed supervisor following her lengthy term as night supervisor.

WANTED

General Duty Nurses, registered or graduates, are required for the **Lady Minto Hospital.** The salary is $90 and $80 per month, with full maintenance. Apply, stating full particulars of qualifications, to:

Lady Minto Hospital, Cochrane, Ont.

WANTED

A Superintendent of Nurses, Dietitian, and **Instructress** are required **immediately** for the **Highland View Hospital.** Apply, stating qualifications, to:

Secretary, Highland View Hospital, Amherst, N. S.

WANTED

Registered Nurses are required **immediately** for **General Duty** in **Ex-Servicemen's Pavilion.** Nurses are also required for **Operating Room** and **Obstetrical Unit.** Salaries depending upon experience. Full maintenance living out. Railway fare to Edmonton refunded after six months' service. Apply, stating experience, to:

Superintendent of Nurses, University Hospital, Edmonton, Alta,

WANTED

Applications are invited **immediately** for Staff positions with the **Department of Public Health & Welfare, Halifax.** Salary: Registered Nurses with public health course, $1500-$1800; Registered Nurses without public health course $1320-$1440. Uniforms, cost of living bonus, etc. provided. Apply, stating qualifications, age, etc., to:

Supervisor of Nurses, Department of Public Health & Welfare, c/o Dalhousie Clinic Bldg., Halifax, N. S.

WANTED

A qualified **Instructress** is required **immediately** for the **Sherbrooke Hospital.** Apply, stating qualifications, experience, and salary expected, to:

Superintendent of Nurses, Sherbrooke Hospital, Sherbrooke, P. Q.

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General Duty Nurses are required for a 350-bed **Tuberculosis Hospital.** Forty-eight and a half hour week, with one full day off. The salary is $100. per month, with full maintenance. Excellent living conditions. Experience unnecessary. Apply, stating age, etc., to:

Miss M. L. Buchanan, Supt. of Nurses, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, P. Q.

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Registered Nurses Ass'n of Ontario: Miss Matilda E. Fitzgerald, Rm. 715, 86 Bloor St. W., Toronto 5.

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Registered Nurses Ass'n of the Province of Quebec: Miss E. Frances Upton, 1012 Medical Arts Bldg., Montreal 25.

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Provincial Associations of Registered Nurses

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Alberta Association of Registered Nurses

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Registered Nurses Association of British Columbia

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Manitoba Association of Registered Nurses

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Prince Edward Island Registered Nurses Association

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QUEBEC

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SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated 1917)

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Alumnae Associations

ALBERTA

A.A., Calgary General Hospital, Calgary

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A.A., Holy Cross Hospital, Calgary

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A.A., Edmonton General Hospital, Edmonton

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A.A., Misericordia Hospital, Edmonton

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A.A., Royal Alexandra Hospital, Edmonton

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A.A., Lamont Public Hospital, Lamont

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A.A., Vegreville General Hospital, Vegreville

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A.A., Vancouver General Hospital, Vancouver

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A.A., Children's Hospital, Winnipeg

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A.A., Misericordia General Hospital, Winnipeg

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A.A., Winnipeg General Hospital, Winnipeg

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A.A., Saint John General Hospital, Saint John

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A.A., Brantford General Hospital, Brantford

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A.A., Brockville General Hospital, Brockville

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A.A., Public General Hospital, Chatham

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A.A., St. Joseph's Hospital, Chatham

Hon. Pres., Mother M. Pascal; Hon. Vice-Pres., Sr. M. Valeria; Pres., Mrs. C. I. Salmon; First Vice-Pres., Mrs. M. Brown; Sec. Vice-Pres., Mrs. M. Millen; Corr. Sec., Miss A. Kenny, Aberdeen Hotel; Sec.-Treas., Miss F. Major; *Councillors*: Misses H. Gray, L. Pettypiece, M. Doyle, Mrs. J. Embree; *Committees*: *Lunch*, Mmes R. Jubenville, M. Watters, I. Mulhern, Miss M. Newcomb; *Program*, Mmes H. Kennedy, M. O'Rourke, E. Peco, A. Conley; *Red Cross*, Misses L. Richardson, J. Coburn; *Buying*, Mrs. L. Smith, Miss M. Boyle; *Rep.* to *The Canadian Nurse*, Mrs. M. Jackson.

A.A., Cornwall General Hospital, Cornwall

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A.A., Hotel Dieu Hospital, Cornwall

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A.A., Galt Hospital, Galt

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A.A., St. Joseph's Hospital, Hamilton

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A.A., Kingston General Hospital, Kingston

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A.A., St. Joseph's Hospital, London

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A.A., Niagara Falls General Hospital, Niagara Falls

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A.A., Orillia Soldiers' Memorial Hospital, Orillia

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A.A., Ottawa Civic Hospital, Ottawa

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A.A., St. Joseph's Hospital, Port Arthur

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A.A., Sarnia General Hospital, Sarnia

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A.A., St. Thomas Memorial Hospital, St. Thomas

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A.A., St. John's Hospital, Toronto

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A.A., School of Nursing, University of Toronto, Toronto

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